Proceedings of the Fourth Manitoba Conference on Aging

Fiction, Fact and the Future

May 21 to May 24, 1985
University of Manitoba

Manitoba

PROCEEDINGS

OF THE

FOURTH MANITOBA CONFERENCE ON AGING

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Foreward

The Fourth Manitoba Conference on Aging attracted approximately 650 delegates and visitors from all areas of Manitoba, from other Canadian provinces, and from the United States. The conference dealt with international, national and provincial issues, rural and urban. The planning committee, which I appointed, was asked to ensure that participants include seniors, volunteers, service personnel, students and politicians.

A stated objective of the conference was to increase awareness of the realities of aging and of the need for policies and practices that promote the dignity, equality and independence of older Manitobans and encourage their active participation in civic life. Another conference objective was to stimulate local and regional discussions and conferences.

Delegates agreed with me that the conference achieved its objectives and we reaffirmed Manitoba's dedication to supporting the development of a dynamic community of senior citizens capable of self-direction if given the necessary support.

Following is a summary of the speeches, plenary sessions and workshop findings, with recommendations, of the Fourth Manitoba Conference on Aging I hope these proceedings will further challenge Manitobans to pursue local and regional discussions and conferences relative to these important topics.

L.L. Desjardins

L. L. Desjardins

GREETINGS AND INTRODUCTIONS

Welcoming the assembled dignitaries and delegates to the Fourth Manitoba Conference on Aging at the opening session on May 21, the Honourable L. L. Desjardins, Minister of Health, said the Conference was a time for some deep thought about the theme Aging: Fiction, Fact and the Future.

He described the Conference as one of a series of practical and decisive steps that have made Manitoba a leader in the provision of services to promote independence of senior citizens.

He outlined the background of the Conference - the United Nations World Assembly on Aging in 1982 and the Second Canadian Conference on Aging in 1983. The 1960s, said Mr. Desjardins had marked the beginning of a serious national concern about aging and its social consequences but Manitoba's concern began in 1955 with the first Canadian Study on Aging by the Social Welfare Council of Winnipeg.

This report's recommendations led to the founding, in 1957, of the Age and Opportunity Centre and the first Manitoba Conference on Aging, in May, 1958.

Canada's first multi-purpose senior centre and its first and second geriatric day hospitals opened in Winnipeg the latter at Municipal and Deer Lodge Hospitals. Manitoba's second Conference on Aging was in 1961, the third in 1965.

Aging in Manitoba, a complete survey of the needs of Manitoba's aging and services available, was launched in 1970 and has since become an international model.

Residence in a personal care home became an insured service in 1973 and universal Home Care, the first program of its kind in North America, was launched in 1974.

GREETINGS AND INTRODUCTIONS

The Manitoba Society of Seniors, an advocacy group, was formed in 1977 and the Manitoba Council on Aging, an advisory group to government, was established in 1980. The Provincial Gerontologist was appointed in 1982, with liaison officers appointed in each department of government, a concept unique to Manitoba.

These pioneer programs place a responsibility on Manitoba to provide new leads and insights before the third Canadian Conference on Aging, probably in 1988, the Minister said.

Manitoba's policy has always been in keeping with the recommendations adopted at the World Assembly on Aging: That primary health care be directed toward enabling the elderly to be independent for as long as possible.

This year, the Minister said, Manitoba had strengthened its support services, by increasing the budget for the Home Care Program, by expanding Adult Day Care, by renovating the Day Hospital at Municipal Hospital, and by forming the Interagency Committee on Support Services to Seniors. This is a funding vehicle to help community groups provide such supports as group meals, transportation, escort services, regular and occasional cleaning, maintenance and repair. About 37 projects will be selected for subsidy over the next three years.

The Minister cautioned the Conference delegates against locking themselves into set policies, when considering the future. He said it was necessary to remain flexible because what is needed today may be unwelcome tomorrow. In 50, even 20 years, the influence of the elderly will stem not from numbers alone but because, as a group, they will be better educated, more organized and more articulate. The elderly of the future may be a greater source of cultural, economic and political stability than at present is realized.

GREETINGS AND INTRODUCTIONS

Mr. Desjardins said he believed the need for educational programs for seniors would undergo changes as higher education brings career direction and greater motivation, particularly for women.

The Minister said that the Fourth Manitoba Conference on Aging was bringing diverse groups together to formulate a Manitoba Plan of Action. He hoped that one aspect of this plan would be regional or local conferences.

The Minister introduced Premier Howard Pawley, who brought greetings from the Government of Manitoba. Mr. Pawley said that in this age of information and enlightenment many of the stereotypes and myths about aging had not changed and that he was glad to see efforts being made to dispel them. He said the youth-oriented culture that tries to relegate older people to second class status is morally wrong and practically destructive. He said Manitoba must look seriously at programs and policies in place to support and motivate older Manitobans. The aging must be assured of full access to quality health care and full opportunity to contribute to society in a purposeful way.
"Our aging population must be confident that their rights are secure," the Premier said, "They must know that their standard of living will not be eroded by government cuts."

He said that our society is measured in large part, by its commitment to those who have done so much for the province. He pledged his government's continuing support and said he and his colleagues would take a long and hard look at the conference's recommendations and directions.

GREETINGS AND INTRODUCTIONS

Mr. Desjardins called on Ms. Signy Hansen, representing the Honourable Jake Epp, Minister of National Health and Welfare, to bring greetings from the Government of Canada. Ms. Hansen said that the discussion and workshops planned for the conference would provide a strong base for recommendations and strategies for action. Many of the issues chosen for discussion are priorities at the National level, she said, especially those topics dealing with economic security and health care. Ms. Hansen said The Honourable Minister looked forward to receiving a report on the conference proceedings.

His Worship, William Norrie, Mayor of Winnipeg, was represented by Councillor Allan Wade, who brought greetings from the city. Councillor Wade praised the Municipal Hospital for its pioneer role in geriatric medicine and in the provision of treatment and services for the aged.

Dr. Arnold Naimark, President of the University of Manitoba, brought greetings from the University and the two departments most concerned with conference planning: The Centre on Aging, and the Division of Continuing Education. President Naimark said he was delighted to see that the entire aging landscape was being altered by new ideas. Evidence of this came from the growth of the Centre on Aging, with an active research staff, and from the expanding role of Continuing Education in the lives of senior citizens.

Mr. Desjardins called on Sister Yvonne Prevost, Chairperson of the Manitoba Council on Aging, to bring greetings from the Conference Planning Committee. Sister Prevost said the elderly must be the agents as well as the beneficiaries of programs designed to serve them. The elderly can influence governments by saying what they need, she said, adding that governments are prepared to listen. The conference was a time for setting priorities in the right order. She said the Planning Committee had selected the theme Aging: Fiction, Fact and the Future because it invited the conference delegates to see aging in a broad social context.

GREETINGS AND INTRODUCTIONS

In reviewing the past and planning the future the conference would help to dispel past fictions by assessing present facts. She also told delegates they should view the conference as a time to seek insights, ideas and opinions of all sorts, to be molded into a Manitoba Plan of Action.

Sister Prevost thanked the planning committee, made up of representatives of the following organizations: The Age and Opportunity Centre, Inc., the Manitoba Society of Seniors, the Manitoba Association on Gerontology, Manitoba Health, Health and Welfare, Canada, the University of Manitoba, Gordon Howard Senior Centre, and Creative Retirement, Manitoba.

Mr. Desjardins introduced Her Honour, The Honourable Pearl McGonigal, Lieutenant-Governor of Manitoba, who brought vice-regal greetings to the conference.

Mr. Desjardins introduced the Conference Chairman, Dr. J. A. MacDonell, one of Canada's most distinguished pioneers and leaders of geriatric medicine. After completing specialist training as an internist in Canada and London, England, Dr. MacDonell became head of the Chest Division of the Municipal Hospital; Chief of Service, Geriatrics at Deer Lodge Hospital; and Service Chief, Gerontology, Health Sciences Centre, leading the way in the practice of geriatric medicine in Manitoba. In recognition of his service he was named a Fellow of the Royal College of Physicians of Canada in 1972.

Dr. MacDonell is a founding member of the Canadian Association on Gerontology and lobbied successfully to have geriatrics recognized as a branch of medicine by the Royal College of Physicians and Surgeons of Canada.

Dr. MacDonell, Chairman of the Canadian Society of Geriatric Medicine, has an international reputation and has published numerous articles in national and international journals.

GREETINGS AND INTRODUCTIONS

Finally, the Minister of Health called on the Provincial Gerontologist Betty Havens, who thanked the Minister for his support over 15 months and the Conference Planning Committee: Vera Bernard, John Bond, Jean Carson, Casimir Carter, Neena Chappell, Marilyn Gault, Maria Halkewycz, Gordon Hancock, Signy Hansen, Beverly Kyle, Terry Lumb, Agnes MacDonald, Gillian Miller, Sr. Yvonne Prevost, John Rankin, Bob Stewart, Laurel Strain, Jim Zamprelli.

Ms. Havens also thanked others who had assisted with the preparation and those who had funded portions of the conference: Health and Welfare Canada, Prairie Regional Health Promotion Directorate for funds for the Provincial fact book, Aging, Manitoba; New Horizons of the same department for funding the Manitoba showcase, the City of Winnipeg, the community Committees and many Manitoba municipalities, the Winnipeg Foundation, the Canadian National Institute for the Blind for cassettes of background material for the visually impaired, the University of Manitoba for accommodation, meals, the administrative services of the Department of Continuing Education and content materials provided by the Centre on Aging; and the Provincial Government, Community Services Manitoba, for providing an interpreter for the hearing impaired; and Manitoba Health, the primary funder and host of the conference.

She said that over 100 persons had volunteered to act as guides, work at registration desks and at over 50 workshops.

LEGAL ISSUES

Three concurrent plenary sessions were held on the morning of May 22, one on legal issues, one on economic issues and one, a panel discussion, on health issues.

Isabel Auld, Chancellor of the University of Manitoba, chaired the session on legal issues. This was divided into two parts. The first, planned as a debate between a Legal Aid attorney and the Public Trustee, was altered at the speakers' request. Mrs. Auld explained that they preferred to speak serially. In the second part of this session Mr. Paul Walsh, Q.C., spoke on legal issues in death and dying.

The first speaker was Jayanti Raichura formerly with the department of the Attorney General in the civil litigation branch, Government of Manitoba; and since 1974, Public Trustee of Manitoba.

Mr. Raichura explained that each province has a Public Trustee with province-wide jurisdiction and similar responsibilities.

In Manitoba the Public Trustee was established in 1973 under a statute making the Public Trustee a corporation. This provides continuity should the incumbent leave or die. Also as a corporation, the office is separate from government. The act provides that the Public Trustee's responsibilities are the same as those of a private trustee under statutory law and the common law of England.

Mr. Raichura emphasized that he got no policy directives from government.

He explained that the Public Trustee has five functions:

- Management of the estates and personal affairs of persons with mental disorders;

- Management of the estates of persons who die intestate with no relatives in Manitoba;

LEGAL ISSUES

Mr. Raichura said the office becomes involved with cases where there are relatives and a will but only in exceptional circumstances. He explained that the office has a full staff of lawyers and support staff including a chartered accountant and investigators.

- The guardianship of children, representing them in civil suits where no guardian is appointed by the courts. This occurs mainly in motor vehicle accidents when the driver is between 16 and 18;
- The Public Trustee looks after trust awards made to children by the Manitoba Public Insurance Corporation. Monies are paid to the Public Trustee and administered and invested until the child reaches majority. In some instances children who themselves cannot sue or do not have a parent to sue for them must rely on a next friend. The Public Trustee can assume this role on the child's behalf. This can also be done when the interests of the parents are in conflict with those of the child;
- The committeeship of the Public Trustee operates in a number of ways. The Public Trustee automatically becomes a committee acting for an individual on compulsory admission to a psychiatric facility. Mr. Raichura said this was under scrutiny of a committee studying amendments to the Mental Health Act. He personally felt the Public Trustee should be a committee only if there is a need for his/her services. The normal procedure for managing the affairs of mentally incompetent people is through an order of supervision issued by the Director of Psychiatric Services of the province. This deprives the individual of all constitutional rights. Mr. Raichura said he hoped this system would be amended and improved.

LEGAL ISSUES

Mr. Raichura said that committeeship originated several hundred years ago with the King and/or Queen assuming responsibility for the interests of minors and the mentally incompetent. In practice, a group or committee was appointed to discharge this function. Today a committee is usually one person -- The Public Trustee or a court appointed individual.

However, Mr. Raichura said, the Public Trustee will become involved only if there is no willing and able individual to do the job. Relatives and friends are encouraged to go to court to apply for appointment as committee.

The Public Trustee has no power to create his appointment as committee, Mr. Raichura emphasized. His duties follow certain events automatically. He said that the Trustee's office is fiercely independent, protecting the privacy of those for whom it is acting.

Committeeship is the office's main involvement with the elderly. Unique to Manitoba, committeeship of estates and also of the person, empowers the Public Trustee to determine residence, medical management, legal management, and civil rights protection.

The Public Trustee also becomes an executor of wills if the person can designate no other executor. Mr. Raichura said his office had encountered a number of cases of financial abuse of the elderly and some of physical abuse. The latter had to be dealt with by other agencies unless the Public Trustee had guardianship rather than only representation in personal affairs. He suggested that the Public Trustee had duties and responsibilites but no legislation to spell these out and no separation between management of estate and management of personal affairs.
The Public Trustee, Mr. Raichura said, gets involved only when there is a finding of mental disorder. He has no authority to effect a residential change. If a person ought to be moved from an apartment to a Personal Care Home and refuses to make the move, the Public Trustee is powerless to effect the change.

He suggested that perhaps Manitoba should have legislation similar to Alberta Statutes governing dependent adults where all elderly persons, regardless of mental status are protected by a Public Guardian with appropriate staff and proper reporting.

The second speaker, Harry Charles Peters, a staff lawyer with Legal Aid Manitoba, is vice-president of the Manitoba Association of Rights and Liberties and co-convenor of its Committee on Human Rights.

Mr. Peters acknowledged the difficulty experienced by the Public Trustee in being responsible for both physical care and the financial affairs of mentally disordered persons and asked that public support be given to expanding the Public Trustee's mandate. To protect the dignity of the elderly demands clear policy guidelines, he said.

The Public Trustee, Mr. Peters said, is bound by the strict rules of conduct laid down in law for trustees. The laws under which an estate is administered are not flexible enough -- no frills are permitted even if a person has a large estate.

The Public Trustee's office is further hampered by a shortage of manpower. Mr. Peters said changes in the Public Trustee system were needed to make it more responsive to the public need. He suggested that regionalization, similar to that recently effected in the Child Welfare System, would raise public awareness of the Public Trustee and offer more opportunities to draw on community resources.

Mr. Peters endorsed Mr. Raichura's suggestion that legislative changes were required to enlarge the scope of the Public Trustee. Increased funding was not sufficient to guarantee ongoing effectiveness. Rather, a clear mandate, backed by legislation, would guarantee adequate funding.

LEGAL ISSUES

Mr. Peters said education to acquaint the public with the Public Trustee's function and the limitations of his office was required. This would encourage relatives and others to undertake his function. He also felt that the Public Trustee's office should assume the training of the elderly in assuming responsibility for other elderly.

Mr. Peters said he also thought the Public Trustee should become involved in the private appointment of committees. Having the knowledge of what is required for a court to grant an order of committeeship, the Public Trustee could assist persons wishing to act as committee. He suggested that perhaps a commission should review the Public Trustee's function and recommend changes.

Mr. Paul Walsh, Q.C. said that in 17 years of law practice he had prepared hundreds, perhaps thousands, of wills and been involved in litigation regarding the validity of wills. He, therefore, chose wills as the topic of his address, also touching on retirement funds, annuities, committeeship, institutionalization and ethical issues concerning organ donations and the right to die with dignity.

He recommended that a lawyer be consulted in will preparation so that pitfalls could be avoided and intentions made clear. As executor, he said, he "had a very strong bias against trust companies" and said they should be used only as a last resort, when there is no close surviving relative to manage the testator's affairs. Trust company services could be employed by relatives if required. Relatives as executors of wills have more sympathy for the testator's intentions and can interpret wishes more accurately than an impersonal company.

LEGAL ISSUES

He also advised "strongly" against the appointment of a lawyer as trustee or executor. The executor can retain a lawyer. Mr. Walsh said his cautions against trust companies and lawyers were generalizations and valid reasons could exist for designating either as executor.

One of the main problems with wills, he said, is that they can be attacked and it is impossible to say with certainty that they will not be subject to court application from a number of sources.

The Testator's Family Maintenance Act must be taken into account when providing for minors. When considering dependents, lawyers can see that money from a limited estate, if left to a dependent, is left in a supplementary way, in addition to any monies provided by public welfare. It becomes important, Mr. Walsh said, to avoid the likelihood of contest. He recalled several cases where wills had been successfully contested by relatives. He reminded the audience that judges have wide discretion and no one can claim that a will is incontestable. He added that this does not detract from the individual's responsibility to come to grips with the moral claims of relatives.

He outlined surviving spouse rights under the Dower Act. These are the right to live in the family residence if there is sufficient money in the estate to support such a life, and also to half the estate. In large estates the Dower Act can be overridden by provision of an annuity of $15,000.

He mentioned the Devolution of Estates Act governing estates where there is no will. It is subject to the Dower Act provisions, which take precedence, and any estate under $50,000 goes to the surviving spouse. After the first $50,000 the estate goes half to the surviving spouse and half to the children. Mr. Walsh then listed consanguine legalities in the absence of a will and a surviving spouse and said that in such cases inheritance become complex.

LEGAL ISSUES

Certain assets, Mr. Walsh said, are not part of the estate, such as certain types of insurance or a jointly-owned house. Mr. Walsh said even people under committeeship have testatory capacity and can say how they wish their estate to be divided. He reminded the audience of tax liabilities on estates as a further reason for having a lawyer to draw up a will.

He discussed the rights of a divorced or separated spouse to share in pension plans of a deceased spouse and R.R.S.P.s which must be converted into annuities at age 71.

He said that the power of attorney was a limited document which cannot be exercised if the person who authorized it becomes mentally incompetent. At this point relatives must petition the court for a committeeship. The court, however, does not check to ensure that the committeeship is discharging its duties and Mr. Walsh suggested that this was another area where the Public Trustee might become involved.

He said that the law provided for levels of care in institutions for the frail elderly, and all elderly people should make themselves aware of the law.

He said that the Manitoba Law Reform Commission had defined death but no one was yet clear on the patient's right to refuse certain treatment. He reminded the audience that those wishing to donate organs should make sure the wish was known and not put this wish in a will as by the time the will is probated, the organ is useless.

During the question period a question directed to Mr. Raichura asked if the Public Trustee could be appointed to look after the affairs of a person voluntarily committed to psychiatric care. He replied that all that was required was a written request from the director of the facility asking the Public Trustee to act. The Public Trustee should become involved if there is no one to act, he said, particularly in the area of medical consent.

LEGAL ISSUES

Another questioner said some elderly couples who might be interested in remarrying were living in common law because of the Dower Act and the Devolution of Estates Act. If each had substantial means, the questioner wished to know whether the Dower Act could be overridden by wills made according to individual preference.

Mr. Walsh suggested premarital agreements signed by both parties and drawn by individual lawyers to solve this dilemma. He also suggested managing and distributing property while the person is alive, to protect it from demands of a new spouse's family. He urged that people exercise control of assets while living and do this with competent legal advice.

Mr. Raichura responded to a question about the limits of the power of attorney. He replied that its validity depends entirely on the mental capacity of the person who gave it. If it is found that the person did not have the capacity to give it, it is totally void. He said that the Powers of Attorney Act of 1982 made it possible for the power to continue after incapacity if a clause to that effect was included in an agreement made before incapacity. Mr. Walsh added that this was known as an enduring power of attorney and he advised that no one should ever sign such a document. He would prefer a non-enduring type and, if necessary, the family should enter into committeeship so that the person concerned would have entry to the courts.

OLD AND HEALTHY

The panel discussion on health, with emphasis on self care with professional help and intervention was chaired by J. Hay and had four participants.

- Jean Carson, a senior citizen and veteran volunteer activist, presently involved with the Provincial Council of Women, the Manitoba Action Committee on the Status of Women, and the Coalition on Family Law.

- Dr. J. E. Hudson, Chief of Staff, Hamiota Health Centre; past-chairman, Westman Council for Services to the Edlerly; past-president of the Manitoba Medical Association and the College of Physicians and Surgeons of Manitoba.

- Kathleen Harrison, Consultant in Community Nutrition, University of Manitoba and Department of Health, and a specialist on diet quality for the elderly.

- Kathleen Kennedy, recently retired Professor of Physical Education, University of Manitoba, first women director of physical education in Manitoba schools and teacher of children's creative dance classes for the Royal Winnipeg Ballet.

Jean Carson, speaking as a consumer, called for changes in attitude which, she said, would make older people happier as well as healthier. Society's prevailing attitude to the elderly is disregard, complicated by patronizing niceness. She emphasized that old people are naturally concerned about their health and are sooner or later bound to become involved with Manitoba's health procedures.

Many old people, and particularly old women, are afraid of doctors. Women need reassurance and to be convinced that their ailments are being correctly assessed and seriously treated.

They need to be recognized as individuals, not as part of a group. Health care, Ms. Carson said, is a veritable mine field of anxieties for the old. She felt that all levels of health care; the physician's office, the hospital and home care contributed to this anxiety. Old people, she said, fear institutions, seeing them as "the last step but one". These are fears of the ill elderly but the well elderly also have many health needs. Two of the most important are nutrition and physical activity, both too long ignored. She suggested that governmental and non-governmental organizations should work together for a creative environment conducive to health. It was the responsibility of the Fourth Manitoba Conference on Aging to define that environment, remembering that the paternalistic attitudes of the past will not work in the future.

Dr. Hudson said that society's reckoning that old age meant anything over 65 was incorrect and it ignored the fact that most people of this age and over had many aptitudes, one of which was the ability to look after themselves. He pointed out that research in the Brandon area on a large group of people with an average age of 72 revealed that 92 percent indicated that they had no major health problems. However, many feared stroke and cancer.

Many also identified such health problems as arthritis, high blood pressure, heart disease, impaired vision and hearing.

Sixty percent were taking prescribed medication. Others used over-the-counter pills and potions.

One of the problems of modern society, Dr. Hudson said, is that people have transferred their health problems to the government and the medical profession forgetting that there "isn't an operation or a pill that is going to cure everything".

Health professionals can prolong life and perhaps make it more meaningful but people tend to expect too much. He predicted that cures for the major degenerative diseases would be found and the process could be advanced if more public money were directed to medical research.

Kathleen Harrison said that obtaining prepared meals adequate to maintain nutritional health is a major factor enabling the elderly to live independently. She felt society ought to thank food faddists and quacks for stimulating an interest in nutrition and said it was now the responsibility of health professionals to take advantage of that interest. Health Professionals have an obligation to be well-informed on current nutrition issues, on special diets and drug interactions. Consumer specialists play a part by helping to develop skills in buying and preparing economical but nutritious foods.

Opportunities for health promotion exist not only with professionals but with volunteer networks. At each level a positive attitude to aging, and personal responsibility for nutritional health should be encouraged, she said.

Most elderly pepole are aware of a relationship between diet and health but are generally unaware of the effect of normal physiological changes on their nutritional needs and status. They should be made aware that taste, with other senses, diminishes at varying rates and sensory decline can result in a tendency to neglect food. The old continue to be sensitive to sweet smells and tastes, however, and this can result in an inappropriate diet.

Changes in the gastrointestinal system, the metabolism and the cardiovascular and renal systems, combined with psychological factors, can result in an over simplified diet, low in protein, milk, fruit and vegetables, yet too high in calories. A 1972 survey by Nutrition Canada found no gross deficiencies among seniors although most diets were marginal in Vitamin A, calcium and iron. Obesity is a major health problem and weight control should be a part of nutrition promotion for the elderly. Those working with them should know that older people usually use and require less energy. In the area of weight control new programs need to be developed to increase compliance and promote long term weight reduction and maintenance.

The speaker said that the elderly may be exploited by the promise of benefits from excessive use of vitamin and mineral supplements, first, because they tend to be concerned about health, second, because self-prescribed vitamins and mineral supplements may be seen as a substitute for professional dietary treatment, and third, because food supplements, in addition to being costly, may be dangerous.

Health promotion for seniors must recognize their heterogeneity, the physiological and psychological components of the aging process, the socio-economic considerations underlying nutritional status and the importance of accurate information from reliable sources.

Mrs. Kally Kennedy said that exercise was an unpopular word until it became a commercial venture, popularized by those selling equipment and clothing. However, the state of each person's heatlh should be his/her first responsibility and everyone should make the effort to exercise for the sake of health.

She said people make excuses for not exercising and one of these is to claim to hate exercise. If the word "exercise" is hated, she said "move" should be substituted. The principle of beneficial exercise, she said, is not to stop when it's comfortable to do so, but to push the body a little beyond comfort. She suggested a little exercise several times daily, done regularly could accomplish much.

Another excuse for not exercising is lack of time, she said. Everyone can find time if they care enough. "We all make choices about how we spend time and there is no better or more rewarding choice than looking after the self", Mrs. Kennedy said, asking her audience to join in a brief exercise period combining deep breathing with self concentration and relaxation.

ECONOMIC ISSUES

Conference Chairmman, Dr. J. A.MacDonell introduced Professor Reuben Bellan, Professor of Economics at St. John's College, University of Manitoba, who spoke on pensions and aging.

The two primary concerns of any economy, Professor Bellan said, were to use productive capacity fully and to distribute output among individuals according to accepted principles or national consensus. He proposed to relate these facts to public pensions, which were provided to Canadians of 70 on a needs basis in 1927, and then to the age of retirement.

The age 65 as retirement age is an obsolete choice Professor Bellan said. It was chosen by Chancellor Bismarck a century ago as the appropriate age for a workman to receive a state pension. In fact, today, men and women live longer and are healthier at 65 and are still capable of productive work. From an economic point of view forced retirement at 65 has enormous disadvantages because Canada needs the output and contribution of people 65 and over.

For the output to be large the workforce must also be large. Professor Bellan recommended that Canadians reconsider the issue and at least raise the age to 68 or 70 to reflect new physiological realities.

If an organization is so structured that it cannot retain a person after 65, alternative employment should be available if the person wishes to work. In a modern, dynamic economy unemployment can never be totally eliminated but it can be reduced to between two and three percent as in Japan.

He posed the question of early retirement, a community issue if public pensions are to be paid, but could offer no answer. He suggested, that it might be advisable to ease pension regulations as a way of generating jobs. However, he preferred alternatives such as longer vacations, shorter work days and work weeks, and sabbaticals.

ECONOMIC ISSUES

Older people nearing retirement might work progressively shorter hours. Also young people might prolong educational periods.

Another impact of the pension issue was the spending power it generated. In any society productive power must be activated by spending power. He predicted that the forthcoming federal budget would not increase spending power but would rather reduce it. If businessmen don't see poor people having enough money to buy goods, they will not invest in new plants to increase production.

To reduce purchasing power significantly by reducing pensions or by increasing taxation will reduce productive capacity and lead to unemployment.

Professor Bellan concluded by saying that rules and regulations were necessary when dealing with large numbers of people. Nevertheless, he felt 65 as the age of mandatory retirement was inappropriate in 1985. He also felt consideration should be given to providing pensions for people who wished to retire early, particularly if that would generate jobs for those who need them. On the other hand he felt alternative means of generating jobs should be considered.

During the question period following his address, Dr. Bellan said that reducing work periods should have no effect on the cost of production. Reducing work periods would produce more jobs and would thus reduce the expense of unemployment insurance. It would also increase purchasing power and create more employment.

Asked to comment on the age, skill and ethnic background of the 11 to 12 percent of Canadians currently unemployed, Dr. Bellan said he was unable to do this beyond saying that 20 percent of young people were unemployed.

ECONOMIC ISSSUES

Asked how technology would affect unemployment, Dr. Bellan said that it should not have any effect. He cited the example of Japan, using advanced technology at all levels of production while having a very low rate of unemployment. This is achieved by the creation of new jobs as old ones are eliminated.

Asked to comment on the national debt or the deficit, Professor Bellan said that the deficit was money Canadians owed to themselves and was, therefore, not a real debt. He said that during and after World War II, the national debt had been proportionately much higher. Nevertheless the immediate post war period was one of high employment, high growth, low interest rates and great stability. During the war the national debt was 20 percent of Gross National Product. A similar deficit today would be $100 billion, more than double the actual debt of $35 billion.

By the end of the war, in 1945 the national debt was 150 percent of G.N.P. and financial experts were predicting a national ruin, whereas in fact Canada was embarking on the most prosperous and progressive period in her history.

Asked if the next generation will have to pay the present generation's debts, Professor Bellan again referred to the war when it was said by economists and others that the war would have to be paid for by the generation that came after it. This is wrong, he said categorically. The generation that fought the war paid for it by buying bonds and paying taxes. The next generation inherited the bonds.

One questioner wished to know what happened when the interest the government must pay on the national deficit becomes so great the government cannot discharge its responsibilities for social programs.

The facts lend no support to this possibility, Professor Bellan said. The national debt of Canada is money Canadians borrow from themselves and not comparable to a company running at a loss or an individual going into debt. Provincial governments, who borrow from other countries, also incur real debt. He suggested that Canadians should adopt Alexander Hamilton's suggestion and rename the national debt the national blessing.
He said that the thesis that large national debts lead to inflation and high interest rates is not borne out by the facts.

In 1981, when the national debt was $12 billion, inflation was 13 percent and interest rates 19 percent. In 1985 the national debt is $35 billion and inflation is four percent and interest rate 8½ percent. During the war the national debt was the equivalent of $100 billion today but inflation was under two percent and the interest on government bonds was four percent. He said that unemployment was lower in the U.S. than in Canada because of a huge armament program. Canada, he said, doesn't spend money on armaments or anything else. Consequently, the unemployement rate is four percent higher here than in the U.S.

In the final analysis what matters is a country's ability to produce food, clothing, shelter, entertainment and pensions and the financial aspect is secondary, the speaker said.

RIGHTS AND AGING

Jack London, Q.C., well-known Canadian lawyer, educator, writer, and broadcaster; former Dean of Law, University of Manitoba; and recipient of the University's Stanton Award for teaching excellence, chose Rights and Aging as the topic for his address to the conference at lunch on May 22. Professor London has written extensively in the popular and academic press on the Canadian Charter of Rights and Freedoms.

He said he would confine his remarks to section 15 of the Charter of Rights and Freedoms and its relationship to aging.

He said that the equality provisions of section 15, which came into effect April 17, 1985, may bring about fundamental changes, if properly interpreted. The three-year delay before section 15 came into force was to give the federal and provincial governments time to bring statutes in line with Charter provisions.

Section 15 has two parts, the first guarantees that every individual is equal before and under the law without discrimination based on race, national or ethnic origin, color, religion, sex, age, or mental and physical disability. Thus, constitutionally, discrimination is prohibited, based on age.

The second part of section 15 makes it clear that certain forms of discrimination based on age or any other characteristic listed will be tolerated. This was to protect affirmative action programs but will have to await the interpretation of the courts.

The speaker said it was unclear whether the guarantees of Section 15 will go beyond compelling governments to pass non-discriminatory statutes and regulations. It was also unclear whether the provisions of the Charter and section 15 would prohibit discrimination in the private sector, the predominant view being that the Charter affects only transactions involving governments. The provincial Human Rights Acts will likely be the means of protecting rights of various groups, including the elderly.

RIGHTS AND AGING

Section 1 of the Charter guarantees rights and freedoms subject to such reasonable limits prescribed by law as can be demonstrably justified in a free and democratic society. The speaker said it was not known what criteria the courts and the Supreme Court of Canada would use to determine whether or not a particular form of discrimination will be found to be demonstrably reasonable. It is also unclear that the same stringency would be used by the courts to review all matters of discrimination.

Under the equal protection provision of the United States Constitution three levels of judicial scrutiny have been developed: strict, intermediate and minimal. United States courts exercise strict scrutiny in matters of race, religion or nationality, but are more tolerant of discrimination on the basis of age and gender. The third group, embracing all other forms of discrimination, is marked by minimal judicial scrutiny. The speaker said similar distinctions might be drawn by the Supreme Court of Canada, although it was to be hoped that this would not be so.

Section 15 also states that everyone is entitled to equal benefits of the law. It is uncertain, the speaker explained, whether this provision can be used to compel governments to provide protection services to the disadvantaged, including the elderly. Opinion now is that Section 15 is useful only as a shield against oppressive legislation and not as a means to compel governments to provide needed financial assistance and programs. Common sense and experience lead to the conclusion that the guarantees of the Charter are not absolute, will be subject to judicial review, and will be redefined from time to time.

RIGHTS AND AGING

Age discrimination will lead to some unique problems in the courts, the speaker said. Concern with the fair and equal treatment of older people is much more recent than questions of discrimination based on race, religion, color or sex. We are, he said, easy with the term racism, but not with agism. Every individual passes through various age classifications and the real issue is not with age discrimination, but whether at any time it is defensible to deny equal opportunity and equal status when that denial is based on stereotypical assumption.

The effects of the abolition of mandatory retirement on youthful unemployment or on the adequacy of pensions are traditionally political matters for the legislature, not fundamental rights. They are complex issues varying from culture to culture and from circumstance to circumstance. They involve questions of efficiency and safety which are paramount to concerns of equity. Therefore, it is argued that these are issues for the legislative not the judicial arena.

Intuition, common sense and experience lead to the inevitable conclusion that age often determines capacity. The same cannot be said about race, nationality, color. This, however, cannot justify denial of opportunity based on stereotypical assumptions.

The speaker said that there must be an attempt to establish the rights and obligations of the judiciary to act as partner to legislatures to ensure protection of the rights of older people. Five rights should be assured: the right to equality of opportunity based on capability; the right to pursue an economically viable existence; the right to protect and maintain health through productive pursuit; the right to public aid where self provision is difficult or impossible; the right to self-esteem as a productive human being with social status.

The speaker said that, notwithstanding the problems to which he had referred, Section 15 of the Charter could be a useful weapon in the arsenal of those who fight for the rights of older people.

He suggested that the first cases to go to the courts be carefully selected in order to ensure appropriate and positive responses from the courts, providing precedents for more complex cases to come.

ETHICAL ISSUES AND AGING

Three concurrent plenary sessions on the morning of May 23 addressed Ethical Issues and Aging, Creating Images of Aging, and Living Arrangements and Aging. The first was chaired by T. R. Edwards, C.A., Deputy Minister of Health, the second by the Conference Chairman Dr. MacDonell, and the third by Chancellor Isabel Auld.

Professor Arthur Schafer, Director of the Centre for Professional and Applied Ethics, University of Manitoba; Professor of Philosophy and Head of the Section of Biomedical Ethics in the Faculty of Medicine, spoke on Ethical Issues and Aging.

Professor Schafer said society is increasingly faced with the problem of rationing scarce resources and many believe too large a proportion of available resources is being spent on health care.

A prevailing view is that the use of medical high technology makes it possible to keep more and more people alive for longer and longer periods at greater and greater cost, but perhaps not at greater benefit to all those whose dying is prolonged.

The question arises, how should society allocate scarce resources and what is the most cost-effective method of allocating resources - neonatal care, treatment for young people or treatment for old people? Most cost-benefit studies are profoundly biased against geriatric care, Professor Schafer said. The so-called "hard" data of such studies rest on certain hidden value assumptions.

One of these is the "human capital" approach, viewing human beings as capital equipment subject to the question; is it worth repairing or should it be replaced? By applying this economic measure, the retired person is worth nothing. More sophisticated recent approaches have said that unpaid contributions, such as that of the housewife, have economic value but not very much, compared to younger men and women who are part of the paid labour force.

Calculating value in terms of earning power implies that the elderly are a bad investment and some economic approaches imply that "consequently we ought to scrap them just as you would scrap an old machine".

Criticism of such cost-benefit analyses rests on the fact that they attach value only to the prolonging of life. Consideration of justice and equity gives rise to the question, "is this the kind of society we should favour?".

Other economists deem prolonging life or adding to life years too crude a measure and suggest society should adjust for the quality of the years prolonged.

Once again this has implications for the elderly who, on average, must live with more disabilities than young people. Therefore, from the standpoint of economic theory it is not a good investment to keep them alive.

This way of thinking assumes that a disability makes life less worth living. Professor Schafer said he didn't mean to disparage efforts to save scarce resources. Not to make such efforts would be immoral for it is morally wrong to waste scarce resources which could otherwise be used to benefit patients. However, economic calculations omit important ethical questions such as compassion, altruism, generosity, one's debt to one's parent, a sense of justice toward those who have spent lifetimes contributing to society. Seeing human beings as capital resources or producing machines, is a very limited concept of humanity.

A related problem is restriction on the liberty of elderly patients such as locked rooms, jackets, restraints or sedating drugs. These sorts of restrictions are imposed upon tens of thousands of elderly patients every day, supposedly to protect them from self-inflicted harm. Prof. Schafer argued that sometimes this is justified but often it is not. One alternative to restraints would be more staff for which society may not be willing to pay, sedative drugs being cheaper than nurses.

This medical-economic model is in sharp contrast to the civil liberties model where a lawyer, or patient advocate could demand a thorough examination of the circumstances before a patient's liberty was curtailed.

The right of the mature, autonomous adult to make foolish choices such as choosing to smoke, is accepted. Why not the same right for the elderly, even those who may be mildly confused? Society has to decide between its obligation to protect and its obligation to respect the liberty of the adult. The questions that must be asked are: "How great is the risk?" and "If harm comes, how great will it be?" "How oppressive are the proposed restraints?" and "How much insight into his condition does the patient have?"

In many cases we tend to restrict liberty unnecessarily because we don't ask enough questions, Prof. Schafer said, describing an experiment at St. Boniface General Hospital where virtually all restraints were removed for a trial period of one year. The study revealed that the accident rate was not significantly increased when restraints were removed.

In reply to a question about how students reacted to these ethical problems Prof. Schafer replied that he had not yet raised the ethical questions posed by the anti-geriatric bias in resource allocation. However, the questions of liberty and autonomy versus restraint had been presented to conferences where they sometimes aroused hostility on the part of psychiatrists. On the other hand, many physicians and nurses expressed strong sympathy for the civil libertarian approach.

If people were viewed as economic units, one questioner asked, who would make decisions and how would they be made?

Prof. Schafer repeated his point that so-called "hard" data often rest on arbitrary assumptions, particularly when attempts are made to assign a dollar value to, say, life with arthritis, with incontinence, or with loss of sexual function.

"I think we should look at quality of life", he said, "but I think there is a danger that the way it's being incorporated will severely prejudice the allocation of resources to elderly patients."

One questioner asked the speaker for his views on the elderly, chronically ill patient, whose wish to die was in conflict with his physician's ethical imperative to prolong life.

Prof. Schafer said that a real problem existed for those who must decide when to give aggressive life prolonging treatment and when to give only palliative care. His personal view was that in "far too many cases, especially in tertiary care hospital units, what we're doing is prolonging dying rather than prolonging lives".

Prof. Schafer expressed the view that the value of living wills is problematical, but said that some ways should be found to allow severely ill people to control their future while they are still competent to make decisions.

Mr. T.R. Edwards thanked Prof. Schafer for his thought-provoking comments, saying that Manitoba Health does not employ the kind of economists Prof. Schafer has described. He said the Canadian health care system had often been criticized for being too close to political decision-making. He suggested that, as resources get scarcer, the closer health care is to politics the better. The numbers of elderly voters are increasing and politicians listen to voters.

Mr. Edwards assured his audience that Manitoba did not allot resources on the basis of an arbitrary evaluation of a person's life.

"Nevertheless," he added, "we are going to be faced with some very difficult decisions on how to spread our resources." He said expenditures for Manitoba Health services now exceed one billion dollars annually and are approximately one-third of the provincial budget. Economic projections have determined that if Manitoba does no more than maintain the present system and provide for the aging population, costs, in today's dollars, will increase by $250 million in the next 10 years.

If cost escalation should continue over the next 10 years as it has in the past 10 years, coupled with the increased aging population, the present billion dollar budget will be three billion in 10 years.

"It is a staggering problem and one that will have to be addressed by politicians, by the providers of service and by the public at large, "Mr. Edwards said.

CREATING IMAGES OF AGING

Martha Colquhoun, Coordinator of Professional Development, Manitoba Teachers' Society, former teacher and guidance counsellor in Winnipeg schools, addressed the topic, Images of Aging.

Mrs. Colquhoun began by distributing some pictures of elderly men and women from various magazines. All portrayed the elderly in a patronizing way. One presented them as children, another as unhealthy, a third discredited the part played by older women in the feminist movement. The caption on this photograph said "Older women are feminists too".

"I thought old women like me and Jean Carson and June Menzies invented feminism", said Mrs. Colquhoun, "and I was a little annoyed to have them suggest that we might tag along." She presented two positive images of aging, one a publication of the Government of Alberta, the other from the magazine Equinox. In general, she said, the picture of the elderly in the media is very negative.

It is time, the speaker said, for everyone to take a good hard look at how the aged are presented in the media and try to understand why. Society must move beyond the stereotypes of aging.

Only two to 10 percent of all characters on television are older, Mrs. Colquhoun said. The proportion is higher on daytime television where a mature male appears every 22 minutes. The proportion of mature males over mature females is about 15 to one. Older men appear on commercials far more often than women and generally in more positive ways than women -- but not as positively as the young. When an older woman does appear she is selling laxatives or giving advice to a younger woman.

CREATING IMAGES OF AGING

The products that the old sell almost always concern digestion. The language used to describe old people works to reinforce the negative image. The list of pejorative words is shorter for men than for women and about the most derogatory description of any group of any age of either sex is to call them "a bunch of old women".

To understand why the old are stereotyped it is necessary to understand the nature of stereotyping. Society pools facts into categories and individuals into groups on the basis of statistics. Statistics give information about groups but are not valid for individuals. Stereotyping also views individuals as groups, making generalizations about them. The stereotyping is usually negative but even positive stereotyping is harmful because it denies the unique individual.

"We generally believe that reality is what we see" said Mrs. Colquhoun. "But, to a very large extent reality is what we create. We change reality by names we put to things."

Society stereotypes the old, the speaker said, because of a very real fear of dying. We spend our lives learning to survive, to escape injury and death. This fear leads to overemphasis on youth. Old people are a symbol of mortality, vulnerability, and this is one reason for placing them into a category other than self.

Fear of sexuality is another reason for stereotyping the old. Most people are disturbed by sexuality in the old, although in fact men and women remain sexual beings all their lives.

We also stereotype the old because we fear their power and this goes back to the power of adults over children.

These are three powerful reasons for stereotyping the old. Mrs. Colquhoun said, "It is a way of desexualizing, dehumanizing and depowering a group we always had problems with from the time we were children."

Denying death leads to a life spent trying to avoid it instead of a life devoted to living. To deny sexuality is to cause it to flare up in inappropriate ways. To deny power is to live in reaction to it.

It is important for everyone to see their age as the right age. Old people should understand the stereotype, reject it and speak up against it. "We are all old for a good chunk of our lives and young people ... have come to resent the very space we take up," Mrs. Colquhoun said.

The old have a right to be here, a right they have earned. They should challenge those who stereotype them. They should continue to learn and no one should make any assumptions about what old people can do. They should recognize that they constitute a powerful lobby; they should mingle or join other groups and not accept groups based solely on age. Finally, said the speaker, "Find a word you are comfortable with. The word I rather like for myself is Grandperson."

During a question period Mrs. Colquhoun said she approved of media watch groups but suggested that seniors telephone as soon as they saw or heard something in the media that presented them negatively.

In response to another question she said that stereotypes also arose out of a human need to categorize knowledge but that older people have an obligation to work against their own stereotype and also to avoid stereotyping others including the young.

She advised seniors not to give up working for causes that interest them. They should not neccessarily have to turn to younger people for help but rather to the person who has the answers.

In reply to the question about the word agism Mrs. Colquhoun said the word was first used in 1967. "For a decade we were concerned with racism, followed by a decade of preoccupation with sexism, and we will be preoccupied for the next decade with agism", she said.

LIVING ARRANGEMENTS AND AGING

Dr. Leroy O. Stone, Director of Population Studies Division, Statistics Canada, and Research Fellow at the Centre on Aging, University of Manitoba, presented for the first time what he described as "some striking patterns on living arrangements in Manitoba".

As any group of men and women ages it shows a definite pattern of changes in living arrangements. Knowing these patterns of change and the ages at which the changes occur makes it possible to plan formal or informal support services and provides a framework for systematic thinking about the future.

Dr. Stone said the research project on which he was reporting revealed, in Manitoba, a strong increase in the proportion of Manitobans living alone and a declining death rate at older ages. Lowering the death rate at older ages, and, therefore, lowering family breakup, will have implications for planners since a declining proportion of old adults will likely be faced with a living arrangement passage into institutions. Lowering the death rate will raise the mean age of entry to personal care homes.

In a slide presentation Dr. Stone showed how he had broken 1981 census data for Manitoba into ten living arrangement categories. Categories one and two were households with children, three was individuals living alone, four represented a couple living alone, five and six a couple and an additional person but no children, seven pertained to an individual living in a family, but not a husband and wife family, eight was two or more adults, nine and ten are collective dwellings - institutions or hostels.

In 1981 the women of Manitoba in the 20 - 24 and 35 - 39 age groups were predominantly concentrated in child nurturing living units.

By 60 - 64 many are now in couple households with nearly 20 percent living alone and five percent alone in households. By 80 - 84 Dr. Stone's graphs showed nearly 50 percent of Manitoba women living alone.

A significant proportion of this age group lived in institutions, and 10 percent lived without a spouse in a family setting. By 85 the proportion living alone was 30 percent with most of the decrease transferred to institutional living.

For all Canada, the 1981 curve shows a rising proportion of women living alone beginning at age 50, with 10 percent, to over 30 percent at age 79. After this the proportion living in institutions begins to rise.

Charts for married women show 60 percent up to 80 - 84 living with husbands and 20 percent in institutions or collectives, a very much lower proportion than among widowed women.

Taking five birth cohorts Dr. Stone was able to demonstrate a stable pattern of rising rates of widowhood starting with a significant rise at age 55. However, the age at which 20 percent of the cohort was widowed has risen steadily from 54 in the 1887 - 91 birth cohort to age 58 for the 1917 - 21 birth cohort.

Life expectancy for older women has increased in all age groups from 50 to 84. For men the significant increase is in the age group 76 - 81. General decline in the death rate goes back to the 1950s.

These figures and trends will have a significant impact on living arrangements for Manitoba seniors. Decreasing mortality rates in the upper age groups is the second great post war development in demography after the baby boom, Dr. Stone said.

Dr. Stone said in response to a question, that differences in mortality between men and women did not appear to be related to work outside the home.

NETWORKS FOR ACTION

Frances McHale, former Manitoban, now chairperson of the Ontario Advisory Council of Senior Citizens, past chairperson of the Ontario Advisory Council on Aging, and member of the Canadian delegation to the World Assembly on Aging in 1982, was luncheon speaker, Thursday, May 23. Her topic was "Networks for Action".

Mrs. McHale, who is a founding member of the Canadian Association on Gerontology, said that among the elderly "networking" was a buzzword, less popular than communication. However, she said the force of the word networking lay in its implied meaning of action between groups.

Networking begins with the individual and the local scene, she said. In industrial societies increasing numbers of professionals take on responsibility for specific groups. "Oldhood", like childhood, has created jobs for the helping professions to deliver or administer government programs funded by tax revenues; this frees the young from assuming responsibility for the old. Also, pension programs adversely affect responsible habits of saving for old age. The result is that the young see the old as a dependent group rather than as individuals and the old see government as a surrogate family.

Speaking of the World Assembly on Aging the speaker contrasted North American with African attitudes. In Africa, she said, "when an old man dies its like burning a library of first editions."

Agencies and governments have worked hard to create and deliver programs to support independence in the elderly. But independence is a myth. Interdependence is real - giving and needing assistance is the basic ingredient of successful old age.

She contrasted American terminology; the young old, the old old, and the middle-aged old with Mexican terminology heard at the World Assembly on Aging; green old age and the age of dependency, the latter needing physical and emotional supports.

These came from family or from increasing levels of home care rather than institutional care. Support services should support the family so the family can support the elderly. She said a frustrating aspect of the lives of some old people is their inability to show enough active dissatisfaction to bring about changes.

Speaking of networks Mrs. McHale said these begin with family -- personal networks -- and extend to services. Beyond this, she said, there should be networks of all service providers and the network of service providers must be able to plug into a network of seniors. Seniors' organizations don't always talk to other seniors to learn of their needs and activities. Seniors' organizations should communicate at all levels particularly the urban with the rural.

The speaker recalled a Toronto conference on advocacy (Listen to Me) where participants were given 11 topics to discuss. All were rejected in favour of a discussion on how to get information on health care.

Mrs. McHale said seniors are too prone to blame governments and should instead generate a series of ongoing constructive suggestions for government and for themselves. People want a recipe but instead should allow their knowledge and ability to interact with these attributes in other people.

She referred to a Golden Kiwanis Club program called "Safety on the Street and in the Home" which, by networking, became the means to reduce fear and failure at the Ontario mandatory, 80 Plus, annual driver's test. The Golden K Club established a network with the provincial Department of Transport, the Driver Education Section of the Department of Education, private driver training schools and senior volunteer instructors to give those over 80 confidence to face driver tests.

NETWORKS FOR ACTION

Mrs. McHale said her experience working with senior citizens indicated that seniors need to be educated to stand up for their rights. Consumer complaints crossing her desk led to a discussion paper entitled Consumer Needs of Ontario Senior Citizens. This was distributed to seniors' organizations and the Canadian Manufacturers' Association and will likely lead to a network of activities in support of seniors' consumer rights.

She said seniors should be imaginative, inquisitive and informed and then make themselves influential to see that goals are achieved. She said she felt Manitoba should be proud of being the first province to take up the challenge of the Second Canadian Conference on Aging by holding the Fourth Manitoba Conference on Aging. She said everyone attending the Conference was called upon to be an advocate and to help build networks to achieve desired results.

AGING IN RURAL ENVIRONMENTS

The topics of two concurrent plenary sessions on the morning of May 24 were Aging in Rural Environments and On Growing Old. The former was chaired by J. Rankin, President of the Manitoba Society of Seniors and the latter by the Conference chairman Dr. MacDonell.

Dr. Eloise Rathbone-McCuan, Associate Professor and Director of the Social Work Program at University of Vermont, spoke on the Aging Experiences in Rural Communities. Dr. Rathbone-McCuan was formerly the Director of the Research Centre, Levindale Hebrew Geriatric Centre and Hospital, Baltimore, Maryland. She is the author of two books and has written chapters for 14 others as well as numerous articles for scientific and professional journals.

Her address highlighted her prior research project conducted in rural Missouri. In her opening remarks, she thanked conference participants for the opportunity to exchange images of life in rural Manitoba with those in rural Missouri.

Dr. Rathbone-McCuan sketched a framework for understanding the elderly in underserved rural areas. Her community of study and the services provided to its seniors reflected the bias that exists in training programs for health and social service professionals and limitations of resources available to rural aged.

Mentioning the pull between federal and state bureaucracies, she suggested that multiple factors were relevant when attempting to change the isolation of the aged in most rural communities;

The economic conditions
The social and cultural characteristics
The values about social change
The community resource level
The presence of groups who are "at risk"

The Missouri town study included elderly life-long residents and residents newly retired to the area. Groups were isolated by health problems, economic conditions, breakdown of social networks and personal psychological factors. There was a lack of acute and chronic care facilities to meet the needs of the aged. Many public facilities used for social events attractive to the elderly were not adapted to the physically handicapped. Because of economic constraints, many members of the younger generations have fled the area, leaving older residents isolated from their younger family members. Job and residential mobility among young adults was continuing to rise throughout the region.

Other elders were isolated because they had outlived close kin or had selected to retire in that area, far removed from most family members. Psychological isolation was imposed because personal pride prevented the newly-arrived from building contacts in the community. The oldest residents often thought the use of social services was a shameful sign of dependence.

Dr. Rathbone-McCuan reiterated the need for special training of rural workers. Otherwise many service providers may lack cultural understanding of and adaptability to the rural situation. If urban personnel enter rural areas they may be expecting the diverse expertise and technical resources found in urban settings.

Young professionals in rural settings need to learn to be creative in bringing together the formal and informal support systems. Many rural towns have few formal resources but offer untold informal sources of assistance.

She told of clinical cases she reviewed where elders totally refused help, in spite of nutritional problems, alcoholism, family abuse, self-imposed isolation and substandard living conditions. The workers, even those with years of rural practice experience, found the low expectations of the value of services to be a barrier.

To deal with the problems of the rural elderly it takes the best practice competencies, but rural areas often fail to attract or retain quality professionals. She asked her audience to take very seriously the rich rural tradition of North America and to work to improve the quality of rural life from Newfoundland to western Canada. That goal requires multiple efforts to send young trainees out to rural areas and offer economic and professional incentives to keep them in rural areas.

The first question from the floor asked what to do about the mentally sound person who refuses help.

Dr. Rathbone-McCuan suggested that the family and relatives of such a person be approached for counsel if the elder refuses assistance. After this she recommended waiting for a change in personal circumstances which might alter the negative attitude toward help. A worker should be persistent while respecting the individual's right to say no.

Another questioner wondered why accepting services could contribute to lack of dignity. Dr. Rathbone-McCuan replied that some people were suspicious of anything offered by government because it seemed to them to be like welfare. In the town she had studied few elders were used as spokespersons. Local rural service consumers might have presented a positive role model for participating in programs. To ignore the power of peer influence on changing attitudes about services was a consistent professional error.

Asked about transportation Dr. Rathbone-McCuan said that this was a big problem not so much for the elderly in the town of 5,000, but for those dispersed on neighboring farms. Township or county-wide public transport was not dependable. Local agencies offering transportation had geographical limits.

Many farm widows, she said, lived alone on farms at great distance from local senior citizen programs in population centers. Efforts were made to ensure that such people had telephones and to enlist the help of the mail carrier to report on those who failed to collect mail. This at least alerted agencies to potential crises among the isolated.

Asked if a program had been started when the research project ended, Dr. Rathbone-McCuan said a clinic, directed by a progressive physician and a social worker, now was in place and expanding into a full service health center. She said rural physicians were often the most likely contact for those elderly needing services. Even so it was necessary to provide rural physicians with a system of nonmedical service referrals. The physician and rural clergy were forms of existing referral activity worthy of systematic expansion.

Asked why doctors would not stay in small towns the speaker said that young physicians are technology trained and need technical resources and consultation with peers and senior specialists. Many rural areas cannot offer the resources needed to meet a young doctor's expectations. She said group practices were very successful in rural settings.

The Chairperson described the success of Hamiota Health Centre and its ability to attract physicians. Such experiments have proved successful throughout North America, but the need is still great.

Asked about adult day care in rural settings Dr. Rathbone-McCuan replied that studies indicated that it was a model successful for some rural areas depending on the quality of transportation, the setting, and community promotion of the service. Long bus rides were often stressful, especially for the frail elderly. Without transportation, adult day care was less frequently a reasonable form of respite for care givers. More diverse models are needed to serve the rural aged in North America.

The Chairperson suggested that Manitoba's elders might be less isolated than those in rural Missouri because of good transportation and because Manitobans tend to move to town on retirement. A participant then asked if U.S. doctors made house calls in rural areas.

The speaker replied that some did and some did not. She suggested that urban doctors, feeling the competition from an oversupply of physicians, are tending to make more house calls. Rural physicians usually find making house calls unnecessary to build or maintain a practice. Many older patients no longer expect such services from their doctors; they are frustrated by this situation but accept it as a condition of the physician's service.

The Chairperson asked about the use of nurse practitioners in rural U.S. and the speakers said nurse practitioners, public health specialists and physician assistants were becoming important figures in the rural health care picture. The greatest barrier was third party coverage for their services, which has been resisted in the U.S.

Regarding the impact of the multi-purpose senior centre, the speaker said such centres have a tremendous impact on some communities but regular activities tend to be primarily used by healthy participants with little effort made to reach out to the community to involve the more frail or isolated. Such programs are often dedicated to the well elderly. But they could do more for the impaired while still serving the usual target population. She suggested that centre workers and volunteers receive more training in community organization skills specifically adapted for the frail elderly and their care givers. The audience responded to this suggestion with applause.

Asked about training available to volunteers Dr. Rathbone-McCuan said the U.S. was divided into service planning areas called Area Agencies on Aging. Federally mandated to operate throughout the whole country, the Area Agencies provide Meals on Wheels, senior centre activity and volunteer training, paid and unpaid. This system provides a diverse range of volunteer training. The state Offices on Aging are required to give back-up training to enhance volunteer services provided at the local level.

An effort is made to prepare a large pool of senior volunteers. An effective volunteer system should also have adequate professional staff supports. "It is professionally irresponsible to turn volunteers loose on problem situations without giving them adequate consultation and backing," Dr. Rathbone-McCuan said.

County agricultural representatives were valuable allies to senior citizen service providers because they were traditionally acceptable to rural populations. Similar government officials exist in Canada working through provincial departments of agriculture.

The speaker said elderly volunteers should be trained in interviewing skills and techniques to handle emergencies. She repeated that in making contact with those isolated by choice, it was necessary to respect a person's right to say no. Both professionals and volunteers have found this difficult.

The best way to help those newly arrived in a community, whether retirees or immigrants, was through churches or other informal groups and clubs. She said that a directory of services for seniors is a useful tool, especially to make available to informal groups. If such groups are knowledgeable about formal resources, they can render much assistance to the rural elderly.

ON GROWING OLD

Sybil Shack, retired principal of Kelvin High School, a teacher and principal in Manitoba schools for 40 years, author of textbooks in elementary language arts and three books for general readers, spoke to the subject, On Growing Old.

Currently the executive chairperson of the Manitoba Association on Rights and Liberties and co-chairperson of its Legislative Review Committee, on the boards of the Social Planning Council, the Centre on Aging, University of Manitoba; and Creative Retirement, Manitoba; a member of the Social Services Advisory Committee of the government of Manitoba, and member of the Order of Canada, Dr. Shack disclaimed any expertise in the art of growing old.

"I am just an old woman of 74 with a mother of 94" she said. Summarizing her thesis on growing old she said that the process of growing old is marked by pleasure and pain, the former outweighing the latter. Old is not the equivalent of bad; the old are a social asset even when sick, and the old require self esteem. Successful aging requires economic independence, reasonable health and an interest of some kind to prevent boredom. Throughout history feelings about old age have differed, she said, contrasting the views of Virgil, who despised old age, and Cicero, who saw it as the zenith of human development. The language of Virgil and Cicero, she pointed out, has given us the Latin root "senex" from which is derived, senior and senator as well as senile and senility. In modern literature Shakespeare described old age as a second childhood whereas Browning saw it as the "best" time.

ON GROWING OLD

Many people refuse to accept age. Dr. Shack described it as "rather sad" that the greatest compliment one can pay old people is to say they don't look their age or are young at heart. "What's wrong with looking one's age?" she asked. "What's wrong with being old at heart but having the feelings and knowledge and presumably wisdom that take years to accumulate?" Many Canadians will spend one-third of their life being old. "That's a long time to spend being ashamed of what you are," said Dr. Shack. She pointed out that 2,000 Canadians are presently over 100 and suggested that perhaps 200,000 children born in 1985 would live to see 2085.

The conference had heard many times that the old would constitute a growing proportion of the population. The old are already one of the largest segments of the population (10 percent) and will be 16 percent in 40 years. There will be more women than men in spite of the stereotype that labels women as weak, dependent, gullible and helpless.

Dr. Shack said she was tired of hearing about the strain the growing proportion of seniors would put on the health service, pointing out that old and sick are not synonymous. Most old people are reasonably healthy. They learn to live with their ailments, ameliorating those that cannot be treated.

Those who are old and need care have earned the care. Old is seen as bad not only by the young and middle-aged but by the old themselves because they are often made to feel that they are an intolerable burden.

"It's hard for us to maintain self-regard when we seem to be a debit not an asset to the world in which we live," the speaker said. "We are always hearing about how much we cost but not about how much we have contributed and continue to contribute to the cost."

ON GROWING OLD

A whole industry has grown up around the aged, said Dr. Shack, "An industry that studies us, advises us, counsels us, feeds us, houses and cares for us, educates and re-educates us, entertains us and tries to do good for and to us whether we want it or not."

Certain researchers, writers, university professors, social workers, sociologists, clergymen, counsellors, gerontologists, doctors and nurses make their livings because of the aged, proof that the old are creators of work.

Money received by the aged from government or private pensions goes right back into circulation. "We are a pool of consumers just beginning to be tapped by entrepreneurs," Dr. Shack said. The monies from pension funds form a capital resource on which governments draw. Old age pensioners are, in fact, an economic resource.

The speaker said that seniors should make use of their potential to better the condition of those old people who need help; the socially, physically, and economically handicapped. To be successful at this or any other undertaking, seniors must respect themselves. Slurs against old age, even those meant to be kindly, are nevertheless slurs. They should be avoided as we avoid racial and anti-feminist slurs.

The old, often described as rigid, have lived through many great changes including two world wars and the great depression, a fact which proves them to be remarkably flexible.

Those in the last third of life have the option of making it the best third.

During the question period Dr. Shack described the inauguration of Creative Retirement, Manitoba. It began, she said, as preparation for the First National Conference on Aging, when a group of Manitobans drew up a list of the needs and responsibilities of "third age individuals". First, aging persons are responsible for remaining self-reliant and independent for as long as possible. This may mean taking a stand against the family. The aged have a right to demand reasonable living arrangements and an independent income.

They have the responsibility of keeping themselves informed so they can make decisions about their own welfare including their independence and their right to take risks. They must not be afraid to question decisions. They have a duty to express through all available channels their own needs and their concerns about public affairs. Aging persons also have the responsibility to prolong their own physical and mental activity. Aging persons are responsible for seeking professional services when needed and for knowing when and where those services are available.

In reply to a question about pensions, Dr. Shack said that people had to fight for adequate, portable pensions, to view basic old age security as a right paid for by taxes and private pensions as no more than delayed, earned salary.

TECHNOLOGY AND AGING

Dr. J. S. C. McKee, Senior Professor of Physics, University of Manitoba and Director of the Cyclotron Laboratory, University of Manitoba, spoke at the closing dinner on May 24. He divided his remarks into three categories: life span and expectations; theories of aging; and thoughts of immortality.

Although life expectancy has increased, life span has remained more or less constant since Biblical times, he said, raising the question of why this should be so. Dr. McKee cited the "wear and tear" theory of aging, not entirely acceptable now that biologists are learning more about biological repair processes. A second theory of aging, the waste product theory, has the body developing age pigments or insoluble particles which invade vital organs. This theory is supported by only sketchy theoretical evidence. A third theory, popular at present, is the auto-immunity control theory. There is some evidence, Dr. McKee said, that in the elderly the immune control system doesn't work properly and may attack certain elements of the body instead of protecting them from attack from outside.

A fourth theory concerns changes in cell structure over time and the linkages between cells in the organism. Dr. McKee cited a California study of embryonic lung tissue kept in vitro at body temperature. There was a limit to the number of times the cells would divide. Repeated experiments suggest that the limit applies to all human cells. Whether embryonic or not. This suggests the possiblity of an aging gene that limits human life.

Dr. McKee speculated on the possibility that this doubling of cells might be extended so that cells could replicate indefinitely or achieve immortality. The only cells which replicate indefinitely, he pointed out, are cancer cells. In order to induce the normal cell to live longer than its natural age of 55 doublings, it must acquire some of the properties of a cancer cell. Experiments based on this theory are being conducted to study the aging problem and Dr. McKee predicted that more would be heard of it in the future.

THE PUBLIC TRUSTEE OF MANITOBA

The Public Trustee of Manitoba, a corporation sole, came into being on February 1, 1973, as a result of the enactment of provincial legislation entitled the Public Trustee Act. As a corporation sole, it has a seal and perpetual succession. Due to the fact that it has a separate existence apart from government, and is capable of suing and being sued, it can and does function at arm's length from government.

The Public Trustee is accountable to the courts, to the Attorney General and the Ombudsman. As a public official, he or she is expected to be neutral. Financially, there is assurance that the government of Manitoba is responsible to make good any fraudulent or negligent losses. One individual is appointed by government to make decisions on behalf of the corporation. This individual, called the Public Trustee of Manitoba, supervises a large staff of lawyers, estate managers, trust officers, inspectors and accountants. The combined expertise of this staff is used to administer estates and meet the personal needs of those people and estates for whom the Public Trustee is responsible. Currently, he administers the affairs of approximately 4,816 mentally disordered or mentally retarded people; 759 estates of deceased persons; and 887 legal matters on behalf of infants.

Functions:

The following are the statutory functions of the Public Trustee of Manitoba:

1) Committee under the provisions of the Mental Health Act;
2) Official administrator; (for estates of deceased persons)
3) Official guardian; (for children)
4) Trustee or personal representative with the consent of the Public Trustee;
5) Trustee of charitable trusts by Order-In-Council.

THE PUBLIC TRUSTEE OF MANITOBA

(1) Mentally Disordered Persons

The Public Trustee of Manitoba is a committee for mentally disordered or mentally retarded persons in the following situations:

a) A person detained in a pschiatric facility for a period of time exceeding 21 days;
b) A person living in the community declared mentally disordered or mentally retarded and, therefore, incapable of managing his or her affairs;
c) A person on probation from a psychiatric facility;
d) A voluntary patient in a psychiatric facility who requires asssistance with the management of his or her affairs.

(2) Official Administrator

The Public Trustee is appointed by the court as administrator of the estates of deceased persons when there is no heir-at-law living in the province of Manitoba who is competent or willing to administer the deceased person's assets, to pay debts and funeral expenses, and to distribute his or her estate according to law.

(3) Official Guardian

The Public Trustee acts on behalf of minors who do not have a next friend or guardian ad litem authorized to act for them. The scope of this duty is wide and includes representation with regard to personal injury claims and estate matters.

Potential Problems with the Public Trustee

There have been concerns expressed by the legal profession and the community about some functions of the Public Trustee. Concerns to consider include:

(1) The Public Trustee of Manitoba, in his capacity as official administrator can be and has been used on a number of occasions by anyone having a claim against an estate or by dissatisfied next-of-kin. These suits have always found in favour of the Public Trustee.

(2) The Public Trustee of Manitoba as committee for a mentally disordered person, has greater discretionary powers than that of a private committee. For instance, he can sell property of the estate (land, heirlooms, etc.) at his sole discretion, without obtaining a court order approving the sale.

(3) The Public Trustee of Manitoba automatically becomes a committee for a person held on a compulsory basis in a psychiatric facility for a period exceeding 21 days, unless that person has a private committee. The process by which a family member or a friend can make application to become a person's private committee, requires an application to the court of Queen's Bench, and would most likely take longer than 21 days.

Workshop No. 1

Subject: **PUBLIC TRUSTEE'S OFFICE**

1. Discussion at this workshop revealed the need to disseminate more information about the policies and procedures of the Public Trustee's Office.

2. Participants agreed that methods of supervising the personal welfare of all persons under an order of supervision should be approved.

   Although the Public Trustee's office assumes responsibility for both the estate and the person, it was generally agreed that the personal supervision provided is inadequate. This is due partly to a shortage of manpower and resources and partly to policies inappropriate to the need.

3. The current system does not recognize degrees of competence. To receive protection the person's freedoms and rights are removed. This doesn't allow the person to receive protection while still maintaining the right to make decisions in areas where he/she is still competent.

   In some cases a person may not be mentally incompetent but there is a moral obligation to provide protection because of high risk factor.

4. Powers of attorney are frequently misunderstood and misused and there are no formal regulations governing their use.

Private committees are requested to file an account annually, but in fact there are no procedures in Manitoba to ensure that this is done. Reporting mechanisms are inadequate for private committees and non-existent for powers of attorney.

5. Witnessing documents such as wills and powers of attorney in health care facilities sometimes creates problems if the witness does not understand the legality of the document or is not sufficiently knowledgeable to ensure protection of the resident/patient.

6. There is an immediate and ongoing need for educational programs for all those concerned with protection and the rights of the elderly. The advocacy role of caregivers in institutions is seen as very important.

PUBLIC TRUSTEE'S OFFICE

RECOMMENDATIONS:

1.1 That regulations for agencies/professionals assigned to provide personal supervision be approved.

Action: Federal Government - Health and Welfare Canada - Health Services
Provincial Government - Health - Health Promotion, Community Services, Attorney General, Manitoba Health Services Commission
Non-Governmental - Universities - Faculties of law and medicine
Support: Non-Governmental - Law Society of Manitoba, Manitoba Bar Association, Canadian Psychiatric Association

1.2 That the Mental Health Act be amended to empower the courts to recommend a private committee (family or friend) to act for a person under supervision.

Action: Provincial Government - Health, Attorney General
Support: Non-Governmental - Law Society of Manitoba, Manitoba Bar Association, Canadian Psychiatric Association

1.3 That all orders of supervision be reviewed at short, regular intervals and that such regular reviews be made mandatory.

Action: Provincial Government - Attorney General
Support: Non-Governmental - Law Society of Manitoba, Manitoba Bar Association, Canadian Psychiatric Association

PUBLIC TRUSTEE'S OFFICE

RECOMMENDATIONS:

1.4 **That legislation be enacted to provide protection without loss of rights and that a Public Guardian be appointed to supervise and protect persons with varying degrees of incapacity.**

Action: Provincial Government - Health, Community Services, Attorney General, Manitoba Health Services Commisson

Support: Non-Governmental - Manitoba Health Organizations Inc., Manitoba Association for Rights and Liberties, Manitoba Medical Association

1.5 **That regulations governing persons providing private committeeship be improved.**

Action: Federal Government - National Advisory Council on Aging

Provincial Government - Education - Post-secondary Adult Continuing Education, Health, Community Services, Attorney General, Manitoba Council on Aging

Non-Governmental - Age and Opportunity Centre, Inc., Manitoba Society of Seniors, Creative Retirement Manitoba, senior centres, Law Society of Manitoba

PUBLIC TRUSTEE'S OFFICE

RECOMMENDATIONS:

1.6 That a registry be established for powers of attorney and that these be regulated by reporting mechanisms.

Action: Federal Government - Health and Welfare Canada - Health Services, National Advisory Council on Aging, Office on Aging

Provincial Government - Education, Health, Community Services, Attorney General - Human Rights Commission, Manitoba Health Services Commission, Manitoba Council on Aging, University Grants Commission

Non-Governmental - Age and Opportunity Centre, Inc., Manitoba Society of Seniors, Creative Retirement Manitoba, Manitoba Association for Rights and Liberties, Manitoba Association on Gerontology, Universities - all relevant faculties and colleges, Manitoba Health Organizations Inc.

1.7 That health care facilities be encouraged to designate one person or or group of persons with the authority to witness documents.

Action: Federal Government - Health and Welfare Canada - Health Services

Provincial Government - Manitoba Health Services Commission

Non-Governmental - Manitoba Health Organizations Inc. - All care facilities

Support: Provincial Government - Attorney General

Non-Governmental - Manitoba Association on Gerontology

PUBLIC TRUSTEE'S OFFICE

RECOMMENDATIONS:

1.8 **That seniors be educated about the importance and implications of powers of attorney, personal and joint bank accounts, wills and other legal arrangements so that they may maintain as much control as possible over their own affairs.**

Action: Federal Government - National Advisory Council on Aging
Provincial Government - Education - Post-secondary Adult Continuing Education, Health, Community Services, Attorney General, Manitoba Council on Aging
Non-Governmental - Age and Opportunity Centre, Inc., Manitoba Society of Seniors, Creative Retirement Manitoba, senior centres
Support: Non-Governmental - Universities - Relevant faculties and colleges

1.9 **That professionals, agencies and institutions involved with care of the elderly be provided with educational programs to clarify their advocacy role by increasing understanding of legal arrangements and their implications.**

Action: Federal Government - National Advisory Council on Aging
Provincial Government - Education, Health, Community Services, Manitoba Health Services Commission, Manitoba Council on Aging, University Grants Commission
Non-Governmental - Age and Oppportunity Centre, Inc., Manitoba Society of Seniors, Creative Retirement Manitoba, senior centres, universities and colleges

PUBLIC TRUSTEE'S OFFICE

RECOMMENDATIONS:

1.10 That awareness of the legal and financial arrangements needed to protect the elderly and respect individual rights be heightened by public education.

Action:
Federal Government - Health and Welfare Canada - Health Services, New Horizons, Office on Aging
Provincial Government - Attorney General - Human Rights Commission, Manitoba Council on Aging
Non Governmental - Age and Oppportunity Centre, Inc., Manitoba Association for Rights and Liberties, Manitoba Association on Gerontology, Manitoba Health Organizations Inc.

HEALTH CARE: THE RELATIONSHIP BETWEEN FORMAL AND INFORMAL CARE SYSTEMS

Health care in Canada is primarily a provincial responsibility. However in the 1940's, the federal government entered the area with cost-sharing agreements with the provinces through federal legislation. This began in 1945 with research and training grants, as well as grants for hospital construction. It was 1957 when the Hospital Insurance and Diagnostic Services Act insured hospital care for the entire population. In 1965/66, The Medical Care Act was passed, although not implemented until 1968, providing a national insurance scheme for physician services. The 1966 Canada Assistance Plan provided social assistance to anyone in need, irrespective of age or reason for lack of income. The Canada Assistance Plan paid for services not covered by hospital insurance and Medicare such as homes for the aged, nursing homes, or personal care homes.

By 1972, all provinces and the territories had joined the federal government's cost-shared comprehensive medical insurance program. Before 1977, federal-provincial cost-sharing was 50/50, with the federal government matching every dollar the provinces spent on approved services. In 1977, this was changed to a system of cash grants which limited the rate of growth of federal costs and also gave provinces more control over specific health expenditures. In 1984, the Canada Health Act was passed providing for reduction in federal financial contributions to provincial health plans in direct proportion to the amount of extra billing and user charges allowed in the province or territory.

Provinces vary considerably in the provision of home care and community services. Manitoba had the first provincial, universal, no-cost-to-recipient home care program in the country, begun in 1974/75.

HEALTH CARE: THE RELATIONSHIP BETWEEN FORMAL AND INFORMAL CARE SYSTEMS

Recent escalation of health care costs has resulted in concern that society will not be able to meet the demand as aging of the population continues. It is seldom recognized, however, that the formal health care system only provides about 20 percent of care to aging members in our society. Estimates from both Canada and the United States suggest that 80 percent of all care provided to elderly people in society is provided by family and friends, also referred to as the informal care system. Furthermore, virtually all elderly people engage in self-care first and receive, as well as provide, various forms of care and assistance within their informal networks.

In addition, the formal health care system has come under heavy attack recently because of its medical emphasis, its emphasis on acute care, its emphasis on long-term institutional care, and the fact that its expenses are generated primarily not through user demand but through provider demand. Several studies have demonstrated that physicians are responsible for about 80 percent of the cost of the formal care system, not only through fees but because they decide who is to be hospitalized, when and for how long drugs are to be prescribed and which tests are to be done.

Proponents of an alternative health care system argue for a broader definition of health to be reflected within our health care system, with more emphasis on chronic care, and on home care, and with flexibility and facilitation between the formal and informal care systems. Currently, the formal care system is by and large separated (and segmented) from the informal care system. An alternative system must also assume that the nature of the individual's needs and of their social relationships and social networks are dynamic. Therefore, we require a system which is responsive to changes in needs.

HEALTH CARE: THE RELATIONSHIP BETWEEN FORMAL AND INFORMAL CARE SYSTEMS

Discussion Questions

1) Can we reduce health care costs without reducing the quality of care?

2) Can we afford to support more community care, such as home care?

3) How can we enable the informal care system to function?

4) How can we insure that the formal and informal systems function together to support one another?

5) How can we encourage greater flexibility in and between the formal and informal care systems?

Workshop No. 2

Subject: **HEALTH CARE: THE RELATIONSHIP BETWEEN THE FORMAL AND INFORMAL CARE SYSTEMS**

1. Five groups discussed the relationship between the formal health care structure composed of physicians, clinics, hospitals, personal care homes, day hospitals, and adult day care programs and the informal system of care provided by relatives, friends and community organizations, either voluntary or government supported. All agreed that greater effort should be made to integrate the formal care system, which provides 20 percent of care to those over 65 and the informal system, which provides 80 percent. One group agreed that integration of the two complementary systems should be the result of deliberate health planning to ensure that the formal system supports the informal system and to avoid duplication and fragmentation.

2. More knowledge about the attitudes, circumstances and living habits of the 80 percent outside the formal health care structure was called for: research on this group could reveal the extent of self-medication, the use of non-traditional health care methods and fitness programs. Understanding this group could lead to more effective education in personal responsibility for the entire elderly population and to the goal of better integration of the formal and informal care systems.

3. Care of the elderly goes beyond medical care and avoidance of disease and if total well-being is to be achieved improvements are needed in both the formal and informal systems of care. Some of these improvements can be achieved by education.

4. In the formal care system, education in geriatrics and/or gerontology was judged to be of primary importance for physicians and other health professionals. Geriatricians should be on staff at all major hospitals and institutional staff dealing with the elderly should be sensitized to the special needs and susceptibilities of this age group and their families.

Workshop 2 - **HEALTH CARE: THE RELATIONSHIP BETWEEN THE FORMAL AND INFORMAL CARE**

5. Families and others caring for the elderly in the informal system need to be educated to establish and maintain involvement with the formal system and with community-based resources.

6. Education in health maintenance and personal responsibility for health was deemed important for all ages.

7. Public education was considered necessary to raise the status of workers providing care for the elderly.

8. In the formal system, continuity of care should be established and maintained after an elderly person is discharged from formal care by providing follow-up care instructions and sensitive suppport for the informal care giver. The informal system is diverse both in capacity and commitment. Hence flexibility and adaptability is required of the formal system to suport the informal system where needed and to the extent required.

9. If given support families will continue to provide care. On the other hand, families should be discouraged from shifting progressively greater responsibility to the formal system.

10. The informal system could be improved by more self-help groups, by more peer counselling, by more consumer involvement in housing design, by continued support for seniors' organizations, and improved and more extensive programs by the Health Promotion Branch of Manitoba Health.

11. The formal system should make ambulance transport between facilities an insured service for the elderly.

HEALTH CARE: THE RELATIONSHIP BETWEEN FORMAL AND INFORMAL CARE SYSTEMS

RECOMMENDATIONS:

2.1 That planning occur to insure that the formal health care system, providing 20 percent of care to the elderly, supports the informal system, which provides 80 percent of care.

Action: Federal Government - Health and Welfare Canada - Health Promotion, National Advisory Council on Aging, Veterans Affairs Canada
Provincial Government- Health, Community Services, Manitoba Council on Aging
Non-Governmental - Age and Opportunity Centre, Inc.; Manitoba Society of Seniors, Royal Canadian Legion Command

2.2 That new or alternative funding be provided for those components of the formal system which already support the informal system such as adult day care, day hospitals, respite care, meal programs, tenants' councils.

Action: Federal Government - Minister of Health and Welfare Canada, Veterans Affairs Canada
Provincial Government- Health, Manitoba Health Services Commission

2.3 That the Manitoba Office of Continuing Care be provided with sufficient resources to make it more responsive to changing needs.

Action: Provincial Government- Health - Office of Continuing Care

HEALTH CARE: THE RELATIONSHIP BETWEEN THE FORMAL AND INFORMAL CARE SYSTEMS

RECOMMENDATIONS:

2.4 That research be conducted on the 80 percent of seniors outside the formal health care structure.

Action: Federal Government - Health and Welfare Canada - Health Promotion, National Health Research and Development Program
Provincial Government- Health, Housing
Non-Governmental - Universities, Social Sciences and Research Council

2.5 That, in order to avoid dependence, elderly persons be educated in self-care and prevention. This can be achieved by improved peer counselling, self-help groups, and increased information about community and government.

Action: Federal Government - Health and Welfare Canada - Health Promotion, Veterans Affairs Canada
Provincial Government- Education - Post-secondary Adult and Continuing Education, Health - Office of Continuing Care, Manitoba Council on Aging
Non-Governmental - Age and Opportunity Centre, Inc.; Manitoba Society of Seniors, senior centres, United Way, Royal Canadian Legion Command, Volunteer Centre of Winnipeg - Contact

2.6 That Senior Councils be established throughout the province to promote self-help, provide peer counselling, promote health, rehabilitation and healthy environments; that such councils, modelled along the lines of Block Parents and Neighbourhood Watch groups, provide information on senior resources and act as a link between the formal and informal health care systems.

HEALTH CARE: THE RELATIONSHIP BETWEEN FORMAL AND INFORMAL CARE SYSTEMS

RECOMMENDATIONS:

Action: Federal Government - Health and Welfare Canada - Health Promotion, National Advisory Council on Aging, Veterans Affairs Canada
Provincial Government- Health - Services to Seniors, Community Services, Manitoba Council on Aging
Non-Governmental - Age and Opportunity Centre, Inc., Manitoba Society of Seniors, Royal Canadian Legion Command

2.7 **That the Manitoba Society of Seniors provide leadership in establishing Senior Community Councils and also provide help to assess the need for supportive services that can be provided by younger active seniors to older, inactive seniors; such as heavy cleaning, yardwork, shopping and transportation.**

Action: Federal Government - Health and Welfare Canada - Health Promotion, National Advisory Council on Aging, Veterans Affairs Canada
Provincial Government- Health, Community Services, Manitoba Council on Aging
Non-Governmental - Age and Opportunity Centre, Inc., Manitoba Society of Seniors, Royal Canadian Legion Command

2.8 **That the Ministers of Health and Housing jointly plan senior housing based on the health needs of seniors.**

Action: Provincial Government- Health - Support Services, Housing - Planning
Non-Governmental - Age and Opportunity Centre, Inc., Manitoba Society of Seniors, senior centres, consult individual seniors

HEALTH CARE: THE RELATIONSHIP BETWEEN FORMAL AND INFORMAL CARE SYSTEMS

RECOMMENDATIONS:

2.9 That physicians and health care personnel treating the elderly in the formal system be educated in geriatrics and/or gerontology, that curricula reflect current knowledge and that that knowledge be put into practice, and that wage scales be set at levels attractive to competent and caring workers.

Action: Federal Government - Health and Welfare Canada - Health Promotion
Provincial Government- Education - Post-secondary Adult and Continuing Education, Health, Manitoba Health Services Commission
Non-Governmental - Age and Opportunity Centre, Inc., universities and colleges, Manitoba Health Organizations Inc., United Way, Manitoba Public Health Association
Other - City of Winnipeg

2.10 That mechanisms to support families in the formal system be more sensitive to the needs and feelings of individuals and families.

Action: Provincial Government- Education - Post-secondary Adult Continuing Education, Manitoba Health Services Commission
Non-Governmental - Age and Opportunity Centre, Inc., universities and colleges, Manitoba Health Organizations Inc., United Way, Manitoba Public Health Association

HEALTH CARE: THE RELATIONSHIP BETWEEN FORMAL AND INFORMAL CARE SYSTEMS

RECOMMENDATIONS:

2.11 That families be educated to support the formal system by becoming involved.

Action: Non-Governmental - Age and Opportunity Centre, Inc.; Manitoba Society of Seniors, senior centres

2.12 That education in health maintenance in both home and school begin in childhood and continue through adult life.

Action: Federal Government - Health and Welfare Canada - Health Promotion
Provincial Government- Education - Kindergarten to 12, Health
Non-Governmental - Universities - Faculty of Education, Canadian Health Education Society, Manitoba Public Health Association, Agencies for School Health

2.13 That interfacility ambulance transfers of the elderly be covered by insurance.

Action: Provincial Government- Health, Manitoba Health Services Commission

2.14 That seniors be encouraged to hold supplementary health insurance and that information on voluntary plans be made available to seniors through Creative Retirement Manitoba, and the Manitoba Society of Seniors, Manitoba Council on Aging and seniors clubs.

Action: Provincial Government- Health, Manitoba Health Services Commission, Manitoba Council on Aging
Non-Governmental - Manitoba Society of Seniors, Creative Retirement Manitoba, senior centres, other seniors organizations

HEALTH CARE: THE RELATIONSHIP BETWEEN FORMAL AND INFORMAL CARE SYSTEMS

RECOMMENDATIONS:

2.15 That the Home Care Equipment Branch of Manitoba Health and other suppliers be urged to measure the individual senior for equipment such as canes or walkers as equipment of the wrong height can inflict further physical damage.

Action: Provincial Government- Health
Non-Governmental - Community Therapy Services

2.16 That the Minister of Health and Welfare Canada be urged to reaffirm the universality of health care benefits.

Action: Federal Government - Minister of National Health and Welfare

2.17 That clients and health care professionals be educated to understand human rights legislation and its application.

Action: Provincial Government- Education - Post-secondary Adult and Continuing Education, Health, Community Services, Manitoba Health Services Commission
Non-Governmental - Age and Opportunity Centre, Inc., Manitoba Society of Seniors, universities

EDUCATIONAL OPPORTUNITIES FOR SENIORS

For many years, societies in Europe and North America have ensured that older people have access to adequate medical care, housing, nursing and social services and recreational facilities. It is assumed that a just society should provide these services for its citizens, and in particular, for the older ones. However, it is only within the last five to 10 years that the concept of providing older people with educational opportunities has begun to be seen in the same light. Traditionally, education has been seen as a service for the young in preparation for life and as training for employment. Education has been seen as a means to an end and this end did not seem to apply to older people.

An older population, increasingly composed of individuals with education and sophistication, is unlikely to find attractive or satisfying a retirement devoted exclusively to recreational activities. Education may be seen as recreation if a subject for study is selected merely because it arouses interest. But education may also serve as a way to learn new skills regardless of previous formal education for use in retirement or for a second career. It may also be seen to contribute to personal growth and development.

EDUCATIONAL OPPORTUNITIES FOR SENIORS

Opportunities in Manitoba

Two major organizations in Manitoba providing age-segregated educational opportunities for older people are Creative Retirement Manitoba and the University of Winnipeg. Creative Retirement Manitoba is a non-profit, community based, senior-run educational program "For Seniors by Seniors". The Board of Directors of Creative Retirement is mainly composed of seniors and many of the instructors are senior volunteers. It offers approximately 150 courses per year from four to eight weeks for two hours daily to over 1,500 seniors. Creative Retirement Manitoba works with other educational institutions such as the University of Manitoba and Brandon University to provide additional educational opportunities for older people. Until this year, most of Creative Retirement's programs were offered in Winnipeg. Now workshops and courses funded by Department of Education and New Horizons are being offered in other parts of the province, particularly southern Manitoba.

Approximately 800 older residents of Winnipeg are enrolled in 16 courses offered by the University of Winnipeg through its Continuing Education Department. These courses run weekly from September through March each weekly session lasting 90 minutes.

Other organizations offering some education programs include: The Age and Opportunity Centre, Inc.; The Manitoba Society of Seniors, The Winnipeg Art Gallery Seniors, Red River Community College, The University of Manitoba and Brandon University. The latter two institutions offer one week residential summer programs for seniors based on the Elderhostel model. Brandon University has become part of the International Elderhostel network, whereas The University of Manitoba has not. Some school divisions offer programs for seniors. Notable examples include those at Grant Park High School and River East Collegiate. Winnipeg Parks and Recreation Department is also providing seniors educational programming. Many seniors take advantage of classes in the school divisions, community colleges and universities, as well as taking advantage of departmental and university correspondence courses.

EDUCATIONAL OPPORTUNITIES FOR SENIORS

The Manitoba Minister of Education, has recently announced a new educational program for seniors which has been described as, "Education for seniors, provided by seniors". The Minister is working with seniors groups to identify the educational needs of seniors and to develop and fund the appropriate programs. The goal of Manitoba Education is to help older citizens to identify and provide programs of interest in all regions of the province and to various social, economic and cultural groups.

The Minister recognizes the wide variety of interest and need to be found in Manitoba's population of 128,000 over 65 as well as the wealth of experienced and skilled instructors. She is also concerned about adult literacy, English as a second laguage, programs for Native Seniors and for shut-ins.

Opportunities in Canada

Over 100 educational programs designed for older citizens exist throughout Canada, many offered by colleges and universities. These have taken a variety of forms. One, the Third Age Learning Associates (TALA) is primarily a free information centre to help seniors' organizations to establish "third age learning" groups in Ontario. TALA was established in 1979 at Glendon College, York University and has helped to promote over 30 learning groups, each attached to a university or a college.

Some unversities have programs similar to those offered by senior centres. Others fit older students into regular courses. Some have adopted the model of the University of Winnipeg, offering special courses for seniors at no cost or a nominal tuition fee.

Opportunities Outside Canada

One of the oldest and most renowned of educational programs for seniors is the French Universities of the Third Age. These programs combine academic training with medical care and health education in a social setting similar to a senior centre. The aim is to integrate the older student in the life of the university while increasing fitness and a general well being. Although the programs have proved very successful, not many universities outside France have copied them. This is usually due to the fact that other programs for seniors already exist.

The Elderhostel program, combining the tradition of hostelling with education, started in the United States in 1976. From an initial program in five colleges that summer, it has grown to an enormous organization offering courses throughout North America, Europe and the Middle East. Over 70,000 people were involved last year. These programs have attracted people from all over the world to many Canadian universities every summer.

Issues to be Discussed

Although educational opportunities for seniors exist and are increasing, there are still some issues that need to be addressed here in Manitoba and elsewhere.

- The public school system should develop curricula dealing with lifestyle, aging and retirement and should expand such intergenerational programs as now exist.
- A network of organizations should be created to continue the development of educational programs for seniors living in non-urban areas.

- In Manitoba, there is a need for effective English courses for those seniors whose first language is not English.
- There is also a need for literacy and adult basic education for seniors.
- There is a need to develop a variety of video and multi-media programs suitable for shut-ins and residents of remote communities.
- A major promotional campaign should be initiated to interest more seniors in educational programming.
- Research in adult education for the older citizen is needed to clarify the motivation and educational needs of the senior student and to evolve effective approaches to program design.

The phenomenon of a large proportion of healthy, able and intelligent men and women concerned with retirement activities is a recent one and has yet to be explored adequately. It is necessary to learn more about the goals shared by those in this phase of life in order to determine what kinds of education would be a suitable preparation for retirement and what direction post-retirement education should take.

It has been generally assumed that retirement is an extension of the earlier period of life, minus regular, wage-earning work. Retirement has been seen as a time to divert energy to community and recreational activities. This may be an over-simplification and perhaps there is a unique kind of education that would be useful and appealing to older people. Further exploration is also needed to put the wisdom, experience and mature judgement of older people to work for the benefit of their own age group, their families and the population at large.

Workshop No. 3

Subject: **EDUCATIONAL OPPORTUNITIES FOR SENIORS**

1. Three groups agreed on the need to expand educational opportunities for seniors and that such opportunities should be available to all income groups. Most workshop participants felt that seniors should pay fees but these should be nominal for all and be waived for those without sufficient income. Also, education programs should be promoted by means that would encourage the non-participant to feel comfortable in the educational environment.

2. Appropriate use should be made of alternative education systems such as correspondence courses and television. Opportunities for shut-ins, either at home or in institutions and residents of remote communities could have access to television recording facilities. Teleconferencing facilities should also be available to seniors.

3. The elderly have a continuing interest in extending their knowledge base and in personal growth and development. However, the educational needs and aspirations of older people are imperfectly understood and no consensus has yet been reached on whether such education should or should not be age-segregated; should or should not be for credit, and whether or not there is at work a bias toward encouraging seniors to take non-credit courses. Seniors should have continuing easy access at appropriate rates to formal university courses leading to degrees and with more flexibility for them to accumulate degree credits. Curricula and admission criteria for degree and diploma courses should be adjusted to facilitate enrollment of seniors.

4. Senior education programs would attract more participants if high school facilities were more widely available for seniors groups.

5. Workshop participants felt that funding for seniors' education programs was inadequate and that long term planning should be initiated on the basis of sustained funding.

6. One group expressed the view that continuing education had a positive effect on health status and suggested a relationship between wide participation in a full range of educational programs and reduced health care costs.

7. Inadequate transportation is a deterrent to participation in adult education programs as is the fact that some institutions are not wheelchair accessible.

EDUCATIONAL OPPORTUNITIES FOR SENIORS

RECOMMENDATIONS:

3.1 **That the Ministers of Health, Education and National Health and Welfare jointly undertake a research project in collaboration with the Centre on Aging, University of Manitoba to study the relationship between participation in education programs and health status.**

Action: Federal Government - Health and Welfare Canada
Provincial Government - Education, Health

3.2 **That increased educational opportunities be provided for seniors and that funding be sustained so that long term planning can be initiated.**

Action: Provincial Government - Education
Non-Governmental - Volunteer Centre of Winnipeg
Support: Provincial Government - Manitoba Council on Aging
Non-Governmental - Manitoba Society of Seniors, Manitoba Association of School Trustees Manitoba Teachers Society, Retired Teachers Association of Manitoba
Other - School districts and divisions

3.3 **That universities modify existing curricula to include, where appropriate, topics on aging.**

Action: Provincial Government - Education - Kindergarten to 12
Non-Governmental - Universities and colleges - adult education programs, Canadian Association for University Continuing Education
Support: Provincial Government - Manitoba Council on Aging
Non-Governmental - Manitoba Society of Seniors, Manitoba Association on Gerontology

EDUCATIONAL OPPORTUNITIES FOR SENIORS

RECOMMENDATIONS:

3.4 That universities restructure courses into components giving seniors easy access to components that interest them and that seniors also be offered more flexibility to accumulate degree credits, at a fee that seniors can afford.

Action: Provincial Government - Education - Kindergarten to 12
Non-Governmental - Universities and colleges, Adult Education programs, Canadian Association for University Continuing Education
Support: Provincial Government - Manitoba Council on Aging
Non-Governmental - Manitoba Society of Seniors, Manitoba Association on Gerontology

3.5 That Post-secondary Adult and Continuing Education (P.A.C.E.) explore a variety of ways to offer educational opportunities to seniors in remote areas, in institutions or confined to home; such as television, video cassettes and teleconferencing.

Action: Provincial Government - Education - Post-secondary Adult and Continuing Education, Culture, Heritage and Recreation - Books-by-Mail
Non-Governmental - Universities and colleges
Support: Provincial Government - Manitoba Council on Aging
Non-Governmental - Manitoba Society of Seniors, Manitoba Association for Rights and Liberties, Canadian Association for University Continuing Education
Other - City of Winnipeg Public Library, broadcast media

EDUCATIONAL OPPORTUNITIES FOR SENIORS

RECOMMENDATIONS:

3.6 **That the Minister of National Health and Welfare and the Minister of Urban Affairs support the inclusion of a senior's building in the North Portage Development Plan.**

Action: Federal Government - Minister of National Health and Welfare
Provincial Government - Ministers of Housing and Urban Affairs
Other - City of Winnipeg - North Portage Development Plan

Support: Federal Government - Canada Mortgage and Housing Corp., Retired Employees
Non-Governmental - Age and Opportunity Centre, Inc., Manitoba Society of Seniors, Creative Retirement Manitoba, Young Men's Christian Association and Young Women's Christian Association - Unified Action Committee

3.7 **That high school facilities be made more widely available to seniors groups and organizations.**

Action: Provincial Government - Education, Health
Non-Governmental - Manitoba Association on Gerontology, Centre on Aging, universities and colleges, Social Sciences and Humanities Research Council, Adult Education programs, Canadian Association for Continuing Education

Support: Provincial Government - Manitoba Council on Aging
Non-Governmental - Age and Opportunity Centre, Inc., Manitoba Society of Seniors, Creative Retirement Manitoba

EDUCATIONAL OPPORTUNITIES FOR SENIORS

RECOMMENDATIONS:

3.8 That transportation be subsidized to a greater extent and wheelchair accessibility be improved.

Action: Federal Government - Health and Welfare Canada, Department of Transport
Provincial Government - Education, Health, Highways
Non-Governmental - United Way
Support: Non-Governmental - Age and Opportunity Centre, Inc., Manitoba Society of Seniors, Creative Retirement Manitoba, Manitoba Association on Gerontology, senior centres

3.9 That a national campaign, similar to Participaction, be undertaken to promote more positive images of aging.

Action: Federal Government - Health and Welfare Canada - Health Promotion, National Advisory Council on Aging, Office on Aging
Non-Governmental - Canadian Association on Gerontology

3.10 That education for seniors be marketed in such a way that non-participants are made to feel comfortable in the educational environment and thus motivated to seek educational opportunities.

Action: Provincial Government - Education
Non-Governmental - Creative Retirement Manitoba, senior centres
Support: Provincial Government - Manitoba Council on Aging
Non-Governmental - Manitoba Society of Seniors, Manitoba Association on Gerontology

HEALTH PROMOTION AND AGING

In a recent publication, the World Health Organization states that "Health promotion is the process of enabling people to increase control over and to improve their health. This perspective is derived from a conception of health as the extent to which an individual or group is able, on the one hand to realize aspirations and satisfy needs, and on the other hand, to change or cope with environment. Health is, therefore, seen as a resource for everyday life, not the objective of living; it is a positive concept emphasizing social and personal resources as well as physical capabilities".

Rather than being aimed primarily at risk reduction by encouraging changes in lifestyle, health promotion must stimulate individual and group activities that promote healthy environments. If health is more than the absence of disease and if social and environmental factors are major determinants of health, then a broader concept of health promotion must be adopted to make changes in the underlying causes of ill-health.

How does this broadened concept affect the promotion of health in older Manitobans? First, it means that a universally accessible method of disseminating accurate health information must be established. Second, governments at all levels and non-governmental organizations must cooperate to create a positive environment conducive to health as broadly defined by the World Health Organization. This entails complementary approaches, including education, communication, legislation, self-help and community action. Third, if programs are to be successful, they must be developed at the community level by people working together to define needs and propose solutions.

Health Promotion and Aging

At present, programs throughout this province promoting health for the aging generally focus only on a few issues aimed at lifestyle changes, such as increasing exercise and improving nutrition. While these can have an impact on the health of some individuals, they are only part of health promotion. An integrated approach that focusses on economic, environmental, social, cultural and personal factors that affect health is needed.

An examination of the current method of delivering health services and policies that govern their delivery should be undertaken by professionals with the intent of becoming sensitive to the needs and capabilities of older adults. One major issue is the capacity of the system to respond primarily to individuals with chronic disease and disability rather than acute illness. The environment, including economic and cultural issues, must also be examined and ways of strengthening the social networks and supports for the aging must be devised to help them adapt to such critical events as retirement. Promotion of healthy behaviour and positive coping strategies is also essential. Finally, we must find ways to inform and educate people about health, which acknowledge the cultural, ethnic and social variability among seniors.

All adults, especially older adults, would be helped by knowledge about the aging process and its effects; about chronic disease and the choices available to maintain health and to obtain health care. Opportunities for active involvement in decisions regarding health status, must be made available to older adults. Professionals need to be encouraged to understand the importance of involving older adults and must actively promote this involvement.

If the present, fragmented health promotion programs directed at the aging population were to be integrated and redirected toward creating an environment facilitating the maintenance of health, what would they be like?

A likely place for a program of this nature to start might be a seniors' apartment block or a senior centre. Initially, a health professional might be needed to stimulate individuals to meet as a group with the sole purpose of improving conditions which they feel have a detrimental effect on their health and quality of life. The group's first task would be to select a common problem such as drug abuse among older adults and identify the causes and consequences of this problem. In the case of drug abuse, contributing factors may include societal attitudes, prescribing behaviours of physicians, lack of knowledge among older adults, poor labelling, inability to use childproof containers and unclear instructions for use. The consequences might be overuse, unnecessary hospitalization and even death. At this point, the group could develop an action plan, including expected outcomes.

The action plan might include activities such as lobbying local pharmacies to change their practices so that large type is used on labels, instructions are clear, containers are easy to open. The group might contact other senior groups for assistance in persuading pharmacies to change their practices. At the same time, local politicians might be contacted to introduce legislation that would require drug companies to conform to labelling practices that would assist in the appropriate use of drugs.

This hypothetical health promotion activity; begun at a local level and expanded to include government, serves to illustrate how self-help and individual initiative can be used to produce healthy changes in the social environment. Other activities might follow a similar course.

Programs that conform to this illustration help to make older people feel self-assured. They have obtained knowledge which gives a sense of control over their lives and makes them feel that they are competent to decide for themselves what is best for their health.

Workshop No. 4

Subject: **HEALTH PROMOTION AND AGING**

1. Four groups discussed this subject. All agreed on the need for planned, coordinated, health promotion. The consensus was that health promotion strategies should be based on marketing techniques and should involve the media, advertising and government at all levels. Promotion materials should be directed at all age groups. Seniors should be involved in identifying the needs of the aging population, defining the focus, and helping to plan and deliver programs.

2. Health promotion, as defined by the World Health Organization, goes beyond advocating changes in lifestyle that reduce risk to include stimulation of individual and group activities that promote healthy environments. A primary aim of health promotion within this definition is to encourage and facilitate self-reliance. This means that seniors must be made aware of the services offered and these must be readily accessible. One function of health promotion is to disseminate more information about such services. Health promotion strategies should seek to educate seniors on resources and their availability, on health hazards and danger, on their rights and on individual responsibility for personal health. Such promotion should aim to support and encourage those who are, of necessity, dependent. Self-help groups and peer counselling should be an integral part of these strategies.

3. All four groups emphasized the need for community-based programs to lessen physical barriers to social contact. Promotion programs should concentrate on physical needs such as nutrition, fitness, foot care, dental care, drug use or overuse. But they should also be so constructed as to combat society's negative attitude to seniors and the negative attitudes of seniors to seniors' programs.

4. Needs will vary from group to group and area to area. For example, health promotion to reach an urban population requires a different strategy than that needed to reach a rural population.

5. Older people fear loneliness, loss of independence, the evironment and, in many instances, the formal structure of health care. Health promotion strategies should therefore be directed toward making the environment safe, improving support services that seek to preserve independence, and encouraging health care professionals to be more sensitive to the fears and deficits of the elderly.

6. Seniors should serve as advocates for legislation governing safety measures, such as smoke detectors, supplementary health plans, drug control, wheelchair ramps, housing design and for legislation to protect seniors' rights and the abused elderly.

HEALTH PROMOTION AND AGING

RECOMMENDATIONS:

4.1 **That media and advertising campaigns be conducted to ensure that all seniors know what services are available to them and where these can be obtained and that marketing techniques be employed to sell these services to the consumers.**

Action: Federal Government - Health and Welfare Canada - Health Promotion
Provincial Government - Education - Post-secondary Continuing Adult Education, Health Promotion
Non-Governmental - Age and Opportunity Centre, Manitoba Society of Seniors, senior centres, Alzheimer Society
Other - Public media

4.2 **That marketing techniques define the target, the product, the needs of particular groups and the similarities between different age groups; that health promotion programs involve the elderly to identify present needs and the middle aged to define future needs; and that promotion campaigns emphasize the importance of the informal support system and offer support to those who may feel guilty because they are not independent.**

Action: Federal Government - Health and Welfare Canada - Health Promotion, Office on Aging
Provincial Government - Health - Health Promotion, Services to Seniors, Office of Continuing Care
Non-Governmental - Centre on Aging, Age and Opportunity Centre, Inc., Manitoba Society of Seniors, Creative Retirement Manitoba, senior centres

Support: Federal Government - National Advisory Council on Aging
Provincial Government - Manitoba Health Services Commission
Non-Governmental - Manitoba Association on Gerontology, Manitoba Health Organizations Inc., other seniors organizations

HEALTH PROMOTION AND AGING

RECOMMENDATIONS:

4.3 That coordinated, province-wide health promotion campaigns be conducted consistent with the World Health Organization definition of health promotion, with federal government participation, and that these campaigns be made acceptable to all seniors.

Action: Federal Government - Health and Welfare Canada - Health Promotion

Provincial Government - Education - Post-secondary Adult Continuing Education, Health - Support Services, Services to Seniors, Health Promotion, Provincial Gerontologist - Aging in Manitoba

Non-Governmental - Age and Opportunity Centre, Inc., Manitoba Society of Seniors, Creative Retirement Manitoba, Manitoba Association on Gerontology, senior centres, aging research projects, Manitoba Health Organizations Inc., United Way

Other - Public media

4.4 That the messages of general health promotion be translated into action at the community level using peer counselling, self-help groups, senior citizen organizations, workshops and seminars.

RECOMMENDATIONS:

Action: Federal Government - Health and Welfare Canada - Health Promotion, Office on Aging, New Horizons
Provincial Government - Education - Post-secondary Adult Continuing Education, Health - Support Services, Services to Seniors, Manitoba Council on Aging
Non-Governmental - Age and Opportunity Centre, Inc., Manitoba Society of Seniors, Creative Retirement Manitoba, Manitoba Association on Gerontology, universities and colleges - continuing education, Alzheimer Society, United Way, other seniors' organizations.

4.5 That legislation be developed to protect the elderly from abuse.

Action: Provincial Government - Health, Community Services
Support: Provincial Government - Manitoba Council on Aging
Non-Governmental - Manitoba Association on Gerontology
Other - Police and Fire Departments

HEALTH PROMOTION AND AGING

RECOMMENDATIONS:

4.6 That legislation and education be designed to protect seniors from health and safety hazards.

Action:	Federal Government	- Health and Welfare Canada - Health Services
	Provincial Government	- Health - Health Promotion, Attorney General, Manitoba Health Services Commission, Manitoba Council on Aging, Housing
	Non-Governmental	- Age and Opportunity Centre, Inc., Manitoba Society of Seniors, Creative Retirement Manitoba
	Other	- Police and Fire Departments
Support:	Non-Governmental	- Manitoba Association on Gerontology, Manitoba Health Organizations Inc.

4.7 That physicians and health professionals provide education and health counselling on such topics as safety, nutrition, drug use and abuse, and other means to sustain health and prevent illness.

Action:	Provincial Government	- Health - Health Promotion
	Non-Governmental	- Age and Opportunity Centre, Inc., Creative Retirement Manitoba, Manitoba Association on Gerontology, universities and colleges - Pharmacy, Manitoba Health Organizations Inc., Manitoba Medical Association, Home Economics Association, Pharmaceutical Association
Support:	Non-Governmental	- Manitoba Society of Seniors, other seniors' organizations, senior centres, Manitoba Association of Social Workers

HEALTH PROMOTION AND AGING

RECOMMENDATIONS:

4.8 **That all health promotion be so presented as to combat society's negative attitude to seniors and the negative attitude of seniors to seniors' programs.**

Action:	Federal Government	- Health and Welfare Canada - Health Promotion
	Provincial Government	- Education - Post-secondary Adult Continuing Education, Health - Services to Seniors, Health Promotion, Manitoba Council on Aging, Provincial Gerontologist
	Non-Governmental	- Age and Opportunity Centre, Inc., Manitoba Society of Seniors, Creative Retirement Manitoba, Manitoba Association on Gerontology
	Other	- Public media

4.9 **That the business sector be asked to combine the promotion of healthful lifestyles with promotion of sales of their products and to adopt advertising strategies in keeping with the philosophy of promoting the health and independence of the elderly.**

Action:	Provincial Government	- Consumer and Corporate Affairs
	Non-Governmental	- Winnipeg Chamber of Commerce, Canadian Council of Advertisers
	Other	- Public media

RECOMMENDATIONS:

4.10 That sufficient funding be available so that health promotion programs are universally accessible using seniors as role models and highlighting the achievements of seniors that result from healthful lifestyles.

Action: Federal Government - Health & Welfare Canada - Health Promotion
Provincial Government - Health - Health Promotion
Support: Federal Government - National Advisory Council on Aging
Provincial Government - Manitoba Council on Aging, Alcoholism Foundation of Manitoba, Manitoba Health Services Commission
Non-Governmental - Age and Opportunity Centre, Inc., Manitoba Society of Seniors, Creative Retirement Manitoba, senior centres, other seniors' organizations

4.11 That each health promotion program develop a resource of seniors to ensure relevance and peer participation.

Action: Federal Government - Health and Welfare Canada - Health Promotion
Provincial Government - Health - Health Promotion
Non-Governmental - Manitoba Society of Seniors, Age and Opportunity Centre, Inc., Creative Retirement Manitoba, senior centres, other seniors' organizations
Support: Federal Government - National Advisory Council on Aging
Provincial Government - Manitoba Council on Aging
Non-Governmental - Age and Oppportunity Centre, Inc., Manitoba Association on Gerontology

HEALTH PROMOTION AND AGING

RECOMMENDATIONS:

4.12 That a separate promotion campaign be developed to educate adults to keep medication out of the reach of children and that the Minister of Health reconsider the present capping legislation making it necessary for parents to request child proof caps rather than necessary for seniors to request regular caps.

Action: Federal Government - Minister of National Health and Welfare, Solicitor General

Support: Federal Government - Health and Welfare Canada - Health Promotion, Office on Aging, National Advisory Council on Aging

Provincial Government - Minister of Health, Health Promotion, Manitoba Health Services Commission

Non-Governmental - Manitoba Society of Seniors, Age and Oportunity Centre, Inc., Creative Retirement Manitoba, senior centres, other seniors' organizations, Pharmaceutical Association

SOME LEGAL ASPECTS OF DYING

The use of this title invites discussion on an area of law that carries its own language, its own group of legal specialists and a range of much disputed litigation.

There are four main areas of controversy and some uncertainty. These are:

1. Living will declarations
2. Power-of-attorney, including incapacity clause
3. Will - probate vs. administration
4. Testator's Family Maintenance Act

Living Will Declarations

An example of a living will declaration follows:

> "Declaration made this 2nd day of January, 1985.
> I, John Doe, being of sound mind, willfully and voluntarily make known my desire that my dying shall not be artificially prolonged under the circumstances set forth below, do hereby declare:
>
> If at any time I should have an incurable injury, disease, or illness regarded as a terminal condition by my physician and if my physician has determined that the application of life-sustaining procedures would serve only to prolong artificially the dying process and that my death will occur whether or not life-sustaining procedures are utilized, I direct that such procedures be withheld or withdrawn and that I be permitted to die with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort and care.

In the absence of my ability to give directions regarding the use of such life-sustaining procedures, it is my intention that this declaration shall be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences from such refusal.

I understand the full import of this declaration and I am emotionally and mentally competent to make this declaration.

Signed John Doe

In the City of Winnipeg, in the Province of Manitoba.

The declarant has been personally known to me and I believe him or her to be of sound mind.

Witness Mary Smith
Witness Ralph Brown"

The above is an example of a living will that can be prepared either by itself or included in a general will. Its purpose is clear. It is meant to express the testator's wishes in the event of physical or psychological incapacitation. This form of living will declaration has not yet been tested in our courts. Indeed, the whole question of life-sustaining procedures being discontinued has received no legal direction.

There have also been living wills prepared which include a phrase ordering the executor to take punitive action against any doctor or hospital which knowingly disregards the wishes expressed in such a document. The question, therefore, remains whether we, as a society, should recognize such living wills and implement them without question.

SOME LEGAL ASPECTS OF DYING

Power of Attorney - Including Incapacity Clause

A power-of-attorney with an incapacity clause represents yet another method by which a person can attempt to control the administration of his or her assets and, indeed, the nature and quality of care that he or she will receive in the event of incapacitation. A general power-of-attorney provides the designated attorney with the duty of fiduciary trust and almost unlimited power to deal with assets, including the right to sell, mortgage or otherwise dispose of them. In the absence of an incapacity clause, a power-of-attorney would expire upon the person being found to be incapacitated and unable to make decisions about financial matters. At this point, it would become necessary to take the matter to court to obtain an order of committeeship or make an application to the Director of Psychiatric Services to have the Public Trustee of Manitoba appointed to administer the person's estate.

Will - Probate vs. Administration

In 1984, the Surrogate court in Manitoba issued 3,213 grants of probate with a will, 750 letters of administration without a will and 300 administration orders dealing with estates under $5,000.

Statistics show that in the past five years, there has been a dramatic increase in probated wills as opposed to letters of administration. Intestacy rules are inflexible; these rules benefit only certain blood relatives and treat each blood relative in a predetermined fashion. Intestacydoes not allow for the distribution of personal effects in the absence of an agreement between the heirs-at-law. An administrator of an estate must live in Manitoba and post a bond before he or she can act. An administrator cannot sell the estate's assets without a court order except to pay the debts of the estate. Any portion of an estate going to a minor must be held in trust. The capital can only be used for maintenance and education through a costly court order, while the income from a trust fund can be used at the discretion of the trustee for maintenance, education, advancement or benefit of the minor without Court Order.

In larger estates, tax savings may be available through trust wills and other provisions. A will is also a convenient vehicle for making directions concerning burial or cremation. Similarly, although guardianship is ultimately for a court to decide, some direction can be made via a will. It is almost always true that settlement of an estate with a will is less expensive than one where there is no Will.

The Testator's Family Maintenance Act

The Testator's Family Maintenance Act identifies both the moral and legal duty of the testator to provide for the maintenance and support of the members of a limited class of immediate dependents, most often the spouse and children. Two cases have recently broadened the interpretation of that moral and legal duty. Such broadening of the use of the act has potentially disturbing ramifications.

In Taback vs. Taback, a sixty year old son who was self-supporting was successful in his claim against his father's estate. The court ruled the testator responsible for maintaining his son, not only in a minimally acceptable manner, but rather in a style similar to that in which he, the testator, had lived. As a result the estate was ordered to pay the son an additional sum.

In the case of Bartell vs. Holmes, the testatrix left each of her children $1,000 and the balance of her estate to the Canadian Cancer Society. Although both children were fully self-supporting, the Court overturned the Will of the deceased and instead gave each of the children one-quarter of the estate and one-half to the charitable beneficiary.

Workshop No. 5

Subject: **LEGAL ASPECTS OF PREPARING FOR DEATH**

1. Eighty percent of the 50 participants in this workshop were retired. The discussion was divided into two segments.

2. In the first segment resource lawyers answered questions about wills, the role of the executor, the devolution of estates and the correct storage of wills. These would not be left in safety deposit boxes, which are sealed at death until the estate has been probated.

   The second segment was a discussion of the rights of the individual and the responsibilities of those designated as helpers. Living wills were discussed as formal expressions of intention effective in life of doubtful legality and so far untested in the courts. In the opinion of one resource lawyer personal decisions could become onerous if binding on another.

3. A discussion of personal freedom versus medical care and treatment led to the conclusion the use of community resources often leads to abrogation of personal autonomy, the individual surrendering the decision-making process to others.

4. Participants agreed that an apparent shift in public thinking was occurring with the idea of rights taking precedence over responsibility and duty.

LEGAL ASPECTS OF PREPARING FOR DEATH

RECOMMENDATIONS:

5.1 There is a need for formal legal procedures covering situations where the individual's rights are at risk.

Action: Provincial Government - Public Trustee, Alcoholism Foundation of Manitoba, Legal Aid, Ombudsman

Non-Governmental - Age and Opportunity Centre, Inc., Victim Services, Manitoba Association of Rights and Liberties, University of Manitoba - Faculty of Law, Manitoba Bar Association, Legal Services Information and Law Referral Program

CARE FACILITIES: DIGNITY VERSUS DEPERSONALIZATION

The development of personal care homes and other care facilities for the aged has made possible the progressive transfer of responsibility for care of many frail elderly from families and communities to institutions.

In spite of an avowed intention to be benevolent, early care facilities tended to adopt the rigidly-ordered characteristics of hospitals. Essentially custodial, they encouraged residents to become withdrawn, apathetic and dependent.

The "Old Folks Home" with its sterile, over-populated dormitories, became a symbol of social stigma. Faced with this image, the frail elderly often felt cast off. They viewed their future in the "Old Folks Home" as a prelude to death and a common plea to friends and relatives was not be be "put away".

With experience, increased knowledge, and improved skills, it became apparent to those providing institutional care that a safe, clean, regimented environment was not enough to satisfy the basic, human needs of the frail elderly.

Care givers realized that residents in institutions needed to be helped to retain a sense of personal worth, and that they needed to have some control over their lives, regardless of their disabilities. Like people in the community they required social, physical, emotional and spiritual stimulation.

Years of continuous striving to fulfill these needs, with many trials, errors and retrials have resulted in measurable progress. Today, care givers believe they know what is required. The challenge is to use this knowledge effectively.

CARE FACILITIES: DIGNITY VERSUS DEPERSONALIZATION

If today's residents of care facilities are to retain their dignity, identity and feelings of personal satisfaction certain changes must occur. The community and even the elderly themselves expect the care facility to do everything for its residents. Continuing education and realistic information are needed to convince people of all ages that the care facility exists, not just to provide necessary care, but to help residents help themselves for as long and in many ways as they are able.

Facility staff need to realize that residents require time and encouragement to retain as much independence as possible. Too often, because of time pressures and heavy schedules, staff find it quicker and easier to do something for a resident rather than encouraging independent action. The more this occurs, the more dependent the resident becomes. Loss of independence results in loss of self-esteem. This can lead to withdrawal, dissatisfaction, passivity and complete renunciation of personal responsibility. When this point is reached, staff often tend to reinforce self-rejection by treating the resident as a non-person.

Examples of depersonalization are the substitution of a term of endearment (e.g. Dearie, Honey, Joey) for a proper name; or an exchange between staff members about a resident who is present but excluded from the conversation. Another example is the practice referred to as herding; that is, making residents feel that they are part of a group at the expense of their individuality. Some staff members tend to treat elderly residents as pets or objects rather than as autonomous persons.

Although regrettable, it is not surprising that depersonalization sometimes occurs. Staff members are vulnerable and although caring for the institutionalized elderly can be rewarding, it can also be demanding, discouraging and sometimes unpleasant.

CARE FACILITIES: DIGNITY VERSUS DEPERSONALIZATION

The unique conditions which exist in care facilities require a special sort of staff and thorough and innovative forms of management. The physical, mental and emotional demands on staff delivering high quality care can be and often are tremendous.

Possible ways to reduce depersonalization of residents of care facilities include:

- The development of realistic care plans for each resident to include:
- Psycho-social needs, goals and approaches in addition to medical and nursing care;
- Ongoing performance appraisals of all staff members;
- Staff development sessions that focus on attitudes, motivation and stress management;
- Sufficient staff for the number of residents and levels of care;
- Community education about the role and expectations of care facilities for the elderly and a heightened awareness of the progressive care they may require;
- The development of resident councils in care facilities;
- The development of resident, family and staff appeal mechanisms;
- The inclusion of residents in the planning and implementation of leisure activities; and
- The development of family councils to be involved in the operation of the facility.

Workshop No. 6

Subject: **CARE FACILITIES: DIGNITY VERSUS DEPERSONALIZATION**

1. Five separate groups, discussing the topic of dignity versus depersonalization in personal care facilities, reached near unanimity on the factors contributing to depersonalization and means that could be employed to combat them. These means included education to change attitudes towards residents, improved staff training, improved communication methods, improved facility design, and the establishment of resident and family councils.

2. The process of depersonalization, all groups agreed, usually begins at home or in the community. This may be because of society's prejudice against age and a resulting tendency to hide the old and to hide from them. Loss of self esteem often occurs when an elderly person is obliged to wait for a personal care home bed in hospital, where the philosophy of care is inappropriate for the elderly. It was suggested that hospital staff be trained to be more sensitive to the needs of the elderly.

3. Each resident in a personal care facility has a unique personal history and must be cared for on lines dictated by this history. All residents need as much freedom and autonomy as communal living will allow and individual care programs should be geared to encourage independence. Often institutional needs take precedence over resident needs and rules are made and routines followed for the convenience of staff rather than the comfort of residents. Participants in this workshop agreed that residents in care facilities should be relatively as free as they were in the community; free to take risks, to be left alone, to choose how to spend time, and to have privacy with a spouse.

4. Personal care staff need to be sensitized to the needs, feelings, and limitations of the elderly. Staff should not show disrespect by using first names, or other undignified diminutives, but should rather ask the resident for a preferred form of address. Staff should exercise discretion and patience when talking to those with hearing, speech, language or mentation problems. Most older persons are more comfortable conversing with a speaker who speaks distinctly and all need clear, careful, and sympathetic explanations of tests, medical instructions, routines, and administrative decisions that affect their lives.

5. Placement in a personal care facility often occurs abruptly, when a long awaited bed suddenly becomes available. The move can be traumatic for the resident and the family with the latter often feeling guilt. These feelings, which can contribute to the depersonalization process, can be offset by residents' councils, welcoming committees and by family councils. The latter can help the guilt-ridden overcome their feelings, support families prior to the admission of a relative and help the community at large to a better understanding of the facility and its residents. Family councils can also encourage support for the residents and for the facility's administration by encouraging family visits and family involvement.

6. Participants in this workshop were unanimous in their support of the use of volunteers, preferably working under a volunteer coordinator.

7. All five suggested that the design and location of personal care homes can contribute to depersonalization. Rural facilities should be located close to towns, stores, schools and community activity. The ethnic background of populations should be considered and no facility should be built to serve two towns if their ethnic backgrounds are radically different.

   The care facility should be used for other community purposes such as a drop-in centre, a child care centre or a fitness centre.

8. The question of whether or not the mentally confused should be segregated from the lucid is still open, with cogent professional arguments supporting both views. The consensus was that research is needed. Professional opinion, however, is unanimous about the need for psychological resources for residents of personal care homes.

9. Design changes are seen as necessary to provide a more aesthetic use of lighting and color, improved buzzer systems, better lounge space. Overall architectural planning should be more responsive to the physiological needs of the residents.

CARE FACILITIES: DIGNITY VERSUS DEPERSONALIZATION

RECOMMENDATIONS:

6.1 That the Government of Manitoba establish minimum standards of training for all staff who work with the elderly and disabled; that these standards be regulated; that they be initiated now to upgrade existing staff; and that training emphasize total well being - physical, psychological, social, emotional and spiritual.

Action: Federal Government - Health and Welfare Canada - Health Services
Provincial Government - Education, Health - Office of Continuing Care, Attorney General, Alcoholism Foundation of Manitoba, Community Therapy Services, University Grants Commission
Non-Governmental - Manitoba Association on Gerontology, universities - continuing education, professional faculties, Victorian Order of Nurses, Manitoba Association of Social Housing Managers

6.2 That the ratio of professional to non-professional staff in personal care homes be studied by April, 1986 with reference to the rising levels of care required by residents; and that the present practice of reducing staff allocations to facilities offering care that reduces their residents' levels of care be discontinued.

Action: Federal Government - Health and Welfare Canada - Health Services
Provincial Government - Attorney General, Manitoba Health Services Commission

CARE FACILITIES: DIGNITY VERSUS DEPERSONALIZATION

RECOMMENDATIONS:

6.3 That educators - medical, nursing, health administration - be challenged to place more emphasis on the psychosocial needs of residents and patients.

Action:	Federal Government	- Health and Welfare Canada - Health Standards, Health Promotion
	Provincial Government	- Education - Post-secondary Adult Continuing Education, Health - Health Promotion, Community Services - Office of Residential Care, Manitoba Health Services Commission
	Non-Governmental	- Manitoba Association on Gerontology, universities and colleges - professional faculties, continuing education, Manitoba Health Organizations Inc.

6.4 That continuing gerontological education for physicians and nurses in personal care homes be mandatory and considered desirable for all support staff.

Action:	Provincial Government	- Manitoba Health Services Commission - care facilities
	Non-Governmental	- Manitoba Health Organizations Inc., universities and colleges - continuing education
Support:	Non-Governmental	- Manitoba Association of Registered Nurses, Manitoba Medical Association, Manitoba Association on Gerontology

CARE FACILITIES: DIGNITY VERSUS DEPERSONALIZATION

RECOMMENDATIONS:

6.5 That staffing levels be reviewed to identify ways to reallocate staff time to provide more direct contact with residents and permit psychosocial needs to be addressed and, recognizing that a level four resident may require less care than a combative level two resident, that the Manitoba Health Services Commission assess the present tool for measuring levels of care in terms of staff requirements.

Action: Provincial Government - Manitoba Health Services Commission - care facilities

6.6 That the Provincial Gerontologist develop a handbook of criteria for care facilities to assist the provider in meeting expectations and the consumer in making choices; and that the Manitoba Society of Seniors be made responsible for distributing this handbook to interested seniors.

Action: Provincial Government - Manitoba Health Services Commission, Provincial Gerontologist
Non-Governmental - Manitoba Society of Seniors

6.7 That facilities be required by regulation to provide residents and their families with an information booklet on the facility; that this booklet be distributed to a prospective resident or the relative before admission; and that a formal orientation process, outlined in the booklet, occur soon after admission.

Action: Provincial Government - Community Services - Office of Residential Care, Manitoba Health Services Commission - care facilities

RECOMMENDATIONS:

6.8 That personal care facilities be urged to establish resident councils, orientation committees, and family participation, and to link the facility to the community.

Action: Provincial Government - Community Services - Office of Residential Care, Manitoba Health Serivces Commission - care facilities
Non-Governmental - Manitoba Health Organizations Inc.

6.9 That resident and family councils have direct access to facility boards and that the latter be non-political, include relatives of residents and senior citizens.

Action: Provincial Government - Manitoba Health Services Commission - care facilities

6.10 That each facility root its care practices in the concept of the inherent dignity of each resident; that staff understand, respect and follow this concept; and that administrators determine, before admission, the residents' preferred form of address and see that this form is adhered to at all times.

Action: Federal Government - Health and Welfare Canada - Health Promotion
Provincial Government - Education - Post-secondary Adult Continuing Education, Health - Health Promotion, Community Services - Office of Residential Care, Manitoba Health Services Commission
Non-Governmental - Manitoba Association on Gerontology, universities and colleges - professional faculties, continuing education, Manitoba Health Organizations Inc.

CARE FACILITIES: DIGNITY VERSUS DEPERSONALIZATION

RECOMMENDATIONS:

6.11 That a due emphasis on psychosocial needs lead to individual care plans based on previous lifestyle, education, and personal preference, rather than routine staff perceptions of what is best or most convenient.

Action: Federal Government - Health and Welfare Canada - Health Services
Provincial Government - Health - Office of Continuing Care, Manitoba Health Services Commission, Community Services - Office of Residential Care
Non-Governmental - Universities and colleges - professional faculties, continuing education, Manitoba Health Organizations Inc.
Support: Non-Governmental - Manitoba Association on Gerontology

6.12 That administrators of care facilities be encouraged to permit the older person to live in a manner that is natural and free and that approximates, as closely as possible, the lifestyle he or she desires, paying particular attention to the needs of married couples.

Action: Federal Government - Health and Welfare Canada - Health Services
Provincial Government - Community Services - Office of Residential Care, Manitoba Health Services Commission - care facilities, Manitoba Council on Aging, Housing
Non-Governmental - Manitoba Health Organizations Inc. - care facilities
Support: Non-Governmental - Manitoba Association on Gerontology, Manitoba Medical Association, Manitoba Association of Registered Nurses

CARE FACILITIES: DIGNITY VERSUS DEPERSONALIZATION

RECOMMENDATIONS:

6.13 That efforts be made to encourage residents and families to assume some responsibility for day-to-day activities, permitting risks to be taken if this is the resident's choice.

Action:	Federal Government	- Health and Welfare Canada - Health Promotion
	Provincial Government	- Health - Health Promotion, Community Services - Office of Residential Care, Manitoba Health Services Commission
	Non-Governmental	- Manitoba Health Organizations Inc., universities and colleges - professional faculties
Support:	Provincial Government	- Health - Office of Continuing Care
	Non-Governmental	- Manitoba Association on Gerontology, Manitoba Organization of Nurses' Associations, Manitoba Association of Registered Nurses

6.14 That the Manitoba Medical Association, the Manitoba Health Organizations, Inc., and the Manitoba Association of Registered Nurses jointly examine and issue a joint statement on restraints; the risks and advantages associated with them and the risks and advantages associated with non-restraint.

CARE FACILITIES: DIGNITY VERSUS DEPERSONALIZATION

RECOMMENDATIONS:

Action:	Federal Government	- Health and Welfare Canada - Health Services
	Provincial Government	- Health - Office of Continuing Care, Manitoba Health Services Commission, Community Services - Office of Residential Care
	Non-Governmental	- Universities and colleges - professional faculties, continuing education, Manitoba Medical Association, Manitoba Health Organizations Inc., Manitoba Association of Registered Nurses, Community Therapy Services
Support:	Non-Governmental	- Manitoba Association on Gerontology, Victorian Order of Nurses, Manitoba Association of Social Housing Managers

6.15 That the legally incompetent in personal care homes have a designated advocate to assist in decision making.

Action:	Provincial Government	- Manitoba Health Services Commission - care facilities, Public Trustee, Ombudsman
	Non-Governmental	- Manitoba Health Organizations Inc.
Support:	Non-Governmental	- Manitoba Association for Rights and Liberties, Manitoba Association on Gerontology, Law Society of Manitoba

RECOMMENDATIONS:

6.16 **That facilities recognize the benefits to residents and care givers of trained volunteers organized under a volunteer director.**

Action: Federal Government - Health and Welfare Canada - Health Services
Provincial Government - Manitoba Health Services Commission - care facilities
Non-Governmental - Manitoba Society of Seniors, Manitoba Health Organizations Inc., Volunteer Centre of Winnipeg

6.17 **That facilities organize support groups to encourage families to express their feelings and to avoid self-reproach and guilt.**

Action: Provincial Government - Manitoba Health Services Commission - care facilities
Non-Governmental - Manitoba Health Organizations Inc.

6.18 **That activity staffing in personal care facilities be reviewed to insure that this is adequate to need.**

Action: Federal Government - Health and Welfare Canada - Health Services
Provincial Government - Manitoba Health Services Commission - care facilities
Non-Governmental - Manitoba Health Organizations Inc.

CARE FACILITIES: DIGNITY VERSUS DEPERSONALIZATION

RECOMMENDATIONS:

6.19 **That, wherever possible, facilities involve residents in providing information about their home to the community and that facility space be promoted for community uses such as a child care centre, a drop-in centre, or an exercise facility.**

Action: Provincial Government - Community Services - Office of Residential Care, Manitoba Health Services Commission - care facilities
Non-Governmental - Manitoba Health Organizations Inc.

6.20 **That all facilities be encouraged to take part in an accreditation program.**

Action: Federal Government - Health and Welfare Canada - Health Services
Provincial Government - Community Services - Office of Residential Care, Manitoba Health Services Commission - care facilities
Non-Governmental - Manitoba Health Organizations Inc. - care facilities, Manitoba Association on Gerontology

6.21 **That psychological resources be available to residents and care givers.**

Action: Provincial Government - Community Services - Office of Residential Care, Manitoba Health Services Commission
Non-Governmental - Manitoba Health Organizations Inc., universities and colleges - relevant faculties

CARE FACILITIES: DIGNITY VERSUS DEPERSONALIZATION

RECOMMENDATIONS:

6.22 That an exchange program be initiated between facilities to allow facility employees to exchange ideas and experiences.

Action: Provincial Government - Manitoba Health Services Commission - care facilities
Non-Governmental - Manitoba Health Organizations Inc.

6.23 That rural facilities be located near towns with due regard for the ethnic backgrounds of the local populations.

Action: Provincial Government - Manitoba Health Services Commission
Non-Governmental - Manitoba Health Organizations Inc.
Other - Local sponsors

6.24 That small facilities, which lend themselves to more personal care, be favored over large facilities.

Action: Provincial Government - Manitoba Health Services Commission
Non-Governmental - Manitoba Health Organizations Inc.

6.25 That funding be made available to evaluate the effects of integrated and segregated living arrangements within the same facility, recognizing that senior citizens' housing, built adjacent to personal care homes, can avoid complete separation of couples and close friends.

CARE FACILITIES: DIGNITY VERSUS DEPERSONALIZATION

RECOMMENDATIONS:

Action: Federal Government - Canada Mortgage and Housing Corp.
Provincial Government - Manitoba Health Services Commission, Housing
Non-Governmental - Centre on Aging

Support: Federal Government - Health and Welfare Canada, Office on Aging
Provincial Government - Health - Office of Continuing Care, Manitoba Council on Aging, Provincial Gerontologist
Non-Governmental - Manitoba Association on Gerontology, Canadian Association on Gerontology, Manitoba Association of Registered Nurses, Manitoba Organization of Nurses Association, Manitoba Association of Social Housing Managers

6.26 That private space for residents (bedrooms, bathrooms) continue to be promoted, with lounge areas to discourage sitting in hallways; and that facilities be encouraged to provide a home-like environment for all residents, consistent with the level of care required.

Action: Federal Government - Health and Welfare Canada - Health Services
Provincial Government - Community Services - Office of Residential Care, Manitoba Health Services Commission - care facilities
Non-Governmental - Manitoba Health Organizations Inc.

CARE FACILITIES: DIGNITY VERSUS DEPERSONALIZATION

RECOMMENDATIONS:

6.27 That approval for construction or renovation of a facility be withheld until the design has been shown to promote physical movement and well being.

Action: Provincial Government - Manitoba Health Services Commission

6.28 That alternatives be found to unpleasant-sounding buzzer systems and that representatives of health care be involved in establishing regulations under fire and building codes.

Action: Federal Government - Health and Welfare Canada - Health Services, Canada Mortgage and Housing Corp., National Research Council, National Housing Act - fire and building codes
Provincial Government - Manitoba Health Services Commission, Housing, Provincial Fire Marshal
Others - Municipal building codes

6.29 That government be urged to develop special areas/facilities for the young disabled; to develop daycare programs to assist families caring for relatives with Alzheimer's disease or other psychogeriatric ailments; and to reduce family strain and help prevent family breakdown by increasing the supply of respite care beds.

Action: Provincial Government - Health - Office of Continuing Care, Manitoba Health Services Commission
Support: Non-Governmental - Manitoba Association on Gerontology, Alzheimer Society, Manitoba Health Organizations Inc.

CARE FACILITIES: DIGNITY VERSUS DEPERSONALIZATION

RECOMMENDATIONS:

6.30 **That pharmacists be required to be more active in advising physicians, care facility staff, residents and their families about the deleterious effects on the elderly of the over use or abuse of drugs and medications.**

Action: Federal Government - Health and Welfare Canada - Health Promotion
Provincial Government - Manitoba Health Services Commission, Human Rights Commission, Alcoholism Foundation of Manitoba
Non-Governmental - Universities and colleges - faculties of pharmacy, Manitoba Pharmaceutical Association

Support: Non-Governmental - Manitoba Medical Association, Manitoba Association on Gerontology, Manitoba Health Organizations Inc.

6.31 **That the Department of Education and the Manitoba Association of School Trustees develop province-wide education programs about aging and the need to integrate the personal care home into the life of the community.**

Action: Provincial Government - Education
Non-Governmental - Manitoba Association of School Trustees

6.32 **That the Manitoba Association on Gerontology be asked to initiate or support public education programs to address the subject of the Conference theme: Aging: Fiction, Fact and the Future.**

Action: Non-Governmental - Manitoba Association on Gerontology

COMMUNITY OPPORTUNITIES AND AGING

In 1980, approximately 113,000 people living in Manitoba were 65 or over. Eighty percent of these people did not work during 1980. Only 28 percent of men 65 and over did not work. Forty-five percent of women 45-64 did not work in 1980, while 91 percent of those 65 and over did not work. The question arises, what can people do that will be of use to themselves and their community with the hours formerly devoted to paid employment?

The purpose of this paper is to identify some of the issues related to community involvement during later life, with particular emphasis on voluntarism.

Advantages of Community Involvement

That community involvement is beneficial to the older adult has received support from theorists of aging. One view, the activity theory, suggests that the retired person should maintain as active a life as possible to compensate for the gradual loss of traditional roles, such as regular work or spouse. This theory advocates substituting new and different activities, such as lobbying in social action groups and pursuing new hobbies.

A somewhat different approach is advocated by those who subscribe to the continuity theory. These theorists believe that the retired person should maintain as many activities as possible throughout later adulthood in spite of accompanying physical and social changes. Adherents to this view emphasize expanding the time in already established and preferred activites.

More recent data on work participation are included in The Provincial Fact Book on Aging - Manitoba. The 1984 population of Manitoba included approximately 128,000 persons aged 65 and over

COMMUNITY OPPORTUNITIES AND AGING

Common to both approaches is the belief that involvement and participation are useful to the individual, although neither address the question of whether or not the activities should be compensated with pay. The senior centre and various clubs and drop-in centres provide many and varied opportunities for seniors to be involved in their communities.

A recent study assessing the relationship of the two theories to volunteer activities performed by persons 60 and over concluded that the continuity theory had the strongest support. It was reported that most older volunteers had experience of voluntary work, obtained when they were younger, and that retirement was not associated with an increased tendency to volunteer for community activities. In addition, women with good incomes and higher levels of education showed higher rates of voluntarism.

A Manitoba investigation sponsored by the Volunteer Centre of Winnipeg in 1980 concluded that volunteer activities and higher levels of education were positively associated with life satisfaction. Gender, age, marital status and work were not related to life satisfaction in this study.

In addition to research findings that active involvement is important to the individual, are general observations that people who participate in community activities seem to be happier, more vital and more satisfied with the quality of their own lives.

Retirees are a valuable resource; they want to contribute not just to receive. Retirees want long term, flexible commitments with staff supports.

COMMUNITY OPPORTUNITIES AND AGING

Community involvement of people of all ages is a benefit to society. Older men and women can make unique contributions based on experiences in varied situations, knowledge and insights derived from life itself, rather than from hypothetical sources. In social and political networks older men and women have knowledge and contacts that are of benefit to community organizations.

Building Bridges to Community Involvement

A number of factors can restrict participation of older people in community activities. A decreased income may make it too costly to maintain activities; bus fares, parking fees, lunches, memberships and other incidental expenses associated with community involvement can consume more income than a pension can afford.

While the majority of the elderly are not unhealthy, age-related, physical changes such as decreasing physical strength, restricted mobility, vision and hearing changes, hamper participation in some activities. Increased reliance on public transportation with fixed travel routes and times of operation can isolate groups of individuals from community involvement if they live too far from the activities that interest them.

Individual preferences can limit the extent of community involvement. Lack of experience in voluntary work is related to non-involvement in later life. Also, many older adults do not believe their knowledge and skills are useful, failing to recognize the need for the varied abilities developed in the labour force or the home. A third constraint is the desire for freedom to travel, to pursue hobbies, to visit friends and relatives. To protect their freedom, some people may avoid commitments entirely rather than seek those volunteer opportunities that can be fitted into a flexible timetable. The long and severe Manitoba winters intensify the pressures on older workers to avoid commitment to a work schedule.

Workshop No.7

Subject: **COMMUNITY OPPORTUNITIES AND AGING**

1. Opportunities for seniors wishing to remain or become active in the community were seen by the groups discussing this topic to fall roughly into six categories:

   (a) Groups with a common interest, possibly a continuation of previous activity.

   (b) Organized social and recreational programs.

   (c) Volunteer service to meet community needs.

   (d) Paid employment

   (e) Continuation of association with past work or professional group, perhaps in a reduced or complementary capacity.

   (f) Involvement in education, either formally or informally.

2. Many retired men and women are already active in the community. But among those who are not, there are probably many who would like to be. Therefore, the goal of those concerned with community opportunities for the aging should give priority to making seniors aware of the opportunities available.

3. Various ways of making seniors aware of available opportunities for community activity were suggested. One suggestion was the establishment of a formal link between seniors as a resource and the needs for opportunities in the community. Such a link could be provided by professionals and involved seniors acting as brokers and advocates for seniors as a resource. Or it could be provided by such organizations as the Manitoba Society of Seniors and the Age and Opportunity Centre, Inc.

The former could survey, through regional councils, the community opportunities appropriate and available outide Winnipeg with information about accessibility. The latter could perform the same function in Winnipeg. It was felt that some communities would benefit from job banks.

4. In addition to making seniors aware of opportunities available now, efforts should be made to expand activities in which seniors are already engaged such as the educational system.

   This system should offer encouragement to seniors by making access to the formal school system easier. Libraries and resource material should be more readily available to them, they should be given the opportunity to become involved in school board activity, parent-teacher associations, and in curriculum planning and the development of courses in, for example, local history. Universities should continue to expand senior enrollment and increase course flexibility to make it easier for seniors to accumulate degree credits. Seniors should be given the opportunity to take part in the life of the university.

   One suggested way to increase opportunities for seniors was the funding of innovative pilot programs such as education by seniors for seniors. Another was to establish meeting places where young people and seniors could exchange ideas, preferably in schools.

5. Barriers to community activity by seniors should be removed. One such barrier is the environment itself where stereotyping, loss of status on retirement, and ghettoization may lead to withdrawal. The environment should be such as to allow opportunities for all. Continuing involvement in established activities, such as a service club, may be cut off either by the club, which does not retain retired members, or by the retired member, who no longer feels valuable. Individuals should be encouraged to remain active in service groups, volunteer agencies, churches.

Government policy could be to encourage places of employment, professional associations, service clubs, and other organizations, to retain and use the services of older people. Several programs using the skills of retired executives, engineers and technicians are already in successful operation.

6. Volunteer service to meet community needs is often open to seniors but has hidden costs. Examples are bus fares, gasoline and parking, lunches, uniforms. Users of volunteers should pursue the possibility of tax credits for volunteers and should be sure that volunteers are compensated by recognition in worthwhile, satisfying work. The volunteer should not be used to save costs and should be offered choices.

7. All opportunities for community involvement open to seniors should be skillfully marketed in order to attract those not involved through lack of awareness, those who describe themselves as non-joiners, those who place no value on activity unrelated to paid work, and those who tend to withdraw because they feel devalued by retirement. Such people need information on available opportunities and encouragement from strong, expert leadership. An individual's right to say "no" must be recognized.

COMMUNITY OPPORTUNITIES AND AGING

RECOMMENDATIONS:

7.1 That organizations such as the Manitoba Society of Seniors and the Age and Opportunity Centre, Inc. survey their respective constituencies to determine what opportunities are available and accessible to senior citizens including the young old, adult special needs groups such as the visually/hearing impaired, physically handicapped or ethnic, and that these surveys be completed by June 1, 1986.

Action: Provincial Government - Health - Services to Seniors, Provincial Gerontologist - Aging in Manitoba
Non-Governmental - Age and Opportunity Centre, Inc., Manitoba Society of Seniors, Centre on Aging, Regional Seniors Council

7.2 That meeting places be developed in the community, preferably in schools, where seniors and young people can meet to exchange ideas.

Action: Provincial Government - Health - Services to Seniors
Non-Governmental - Manitoba Society of Seniors, Creative Retirement Manitoba, universities and colleges, Volunteer Centre of Winnipeg, Senior Citizens' Job Bureau, Manitoba Teachers' Society, Manitoba Association of School Trustees
Other - School divisions

COMMUNITY OPPORTUNITIES AND AGING

RECOMMENDATIONS:

7.3 That government adopt a policy of encouraging individuals to remain active and that employers, organizations, and service groups offer appropriate activity.

Action: Federal Government - Health and Welfare Canada - Health Promotion
Provincial Government - Health - Health Promotion
Non-Governmental - Manitoba Society of Seniors, Winnipeg Chamber of Commerce, service clubs, churches, retired employee groups, voluntary agencies, employers

7.4 That volunteer organizations explore the possibility of offering tax credits for responsible volunteer work.

Action: Federal Government - Minister of Health and Welfare Canada, Minister of Finance
Provincial Government - Minister of Health, Minister of Community Services, Minister of Finance, Minister of Labour, Pension Commission
Non-Governmental - Age and Opportunity Centre, Inc., Manitoba Society of Seniors, Creative Retirement Manitoba, Volunteer Centre of Winnipeg, United Way, Senior Citizens Job Bureau
Support: Other - Public media, other voluntary organizations

RECOMMENDATIONS:

7.5 That users of volunteers be encouraged to expand opportunities for seniors, to assist with some costs and to adopt policies of compensating volunteer work with solid recognition for worthwhile work.

Action: Federal Government - Minister of Health and Welfare Canada, Minister of Finance

Provincial Government - Health, Finance, Labour, Pension Commission

Non-Governmental - Age and Oppportunity Centre, Inc., Manitoba Society of Seniors, Creative Retirement Manitoba, United Way, Volunteer Centre of Winnipeg

Other - Public media, other voluntary organizations

7.6 That a joint committee of users and all levels of government identify barriers to participation in community activities and the roles and responsibilities of users and government in removing such barriers.

Action: Federal Government - Health and Welfare Canada - Health Promotion, New Horizons

Provincial Government - Health - Health Promotion, Manitoba Council on Aging, Culture, Heritage and Recreation, Government Liaison Officers

Non-Governmental - Age and Opportunity Centre, Inc., Manitoba Society of Seniors, Creative Retirement Manitoba, Manitoba Association on Gerontology, senior centres; Manitoba Health Organizations Inc., Volunteer Centre of Winnipeg, other seniors' organizations, Senior Citizens' Job Bureau

Other - Municipal governments

COMMUNITY OPPORTUNITIES AND AGING

RECOMMENDATIONS:

7.7 **That all levels of government, cooperate to eliminate age stereotyping through education and that seniors be involved in the decision-making process and as role models.**

Action: Federal Government - Health and Welfare Canada - Health Promotion, Office on Aging
Provincial Government - Health - Health Promotion, Provincial Gerontologist, Manitoba Council on Aging
Non-Governmental - Age and Opportunity Centre, Inc., Manitoba Society of Seniors, senior centres, Creative Retirement Manitoba
Support: Non-Governmental - Manitoba Association on Gerontology

7.8 **That opportunities for seniors in the formal and informal education systems be expanded and improved by making access easier for seniors.**

Action: Provincial Government - Education - Post-secondary Adult Continuing Education
Non-Governmental - Creative Retirement Manitoba, universities and colleges
Other - School divisions

7.9 **That education on aging, with a view to removing age stereotypes, be a component of education in schools and in Workplace Health and Safety programs.**

Action: Provincial Government - Education, Minister of Health, Workplace Health and Safety
Support: Non-Governmental - Manitoba Association on Gerontology

COMMUNITY OPPORTUNITIES AND AGING

RECOMMENDATIONS:

7.10 **That networking be promoted as a means to spread knowledge of available opportunities.**

Action: Federal Government - Health and Welfare Canada - Health Promotion, New Horizons, National Advisory Council on Aging

Provincial Government - Health - Health Promotion, Services to Seniors, Manitoba Council on Aging

Non-Governmental - Age and Opportunity Centre, Inc., Manitoba Society of Seniors, Creative Retirement Manitoba, Manitoba Association on Gerontology, Canadian Association on Gerontology, senior centres, Alzheimer Society, Volunteer Centre of Winnipeg, other seniors' organizations, Senior Citizens' Job Bureau

7.11 **That community opportunities be understood to include recreational, cultural, educational, service and employment opportunities and that the promotion goal be to provide equal opportunities to seniors in all aspects of society with special regard to non-Winnipeg areas.**

RECOMMENDATIONS:

Action: Federal Government - Health and Welfare Canada - Health Promotion

Provincial Government - Manitoba Council on Aging, Government Liaison Officers, Health - Services to Seniors

Non-Governmental - Age and Opportunity Centre, Inc., Manitoba Society of Seniors, Creative Retirement Manitoba, Manitoba Association for Rights and Liberties, senior centres, other seniors' organizations, Volunteer Centre of Winnipeg, Senior Citizens' Job Bureau, universities and colleges - continuing education

7.12 **That methods and resources be developed to involve those who have never valued non-work-related activity**

Action: Federal Government - Health and Welfare Canada - Health Promotion, New Horizons

Provincial Government - Education, Health - Health Promotion

Non-Governmental - Age and Opportunity Centre, Inc., Manitoba Society of Seniors, Creative Retirement Manitoba, senior centres, universities and colleges - continuing education, Volunteer Centre of Winnipeg, other seniors' organizations

Other - Public media

COMMUNITY OPPORTUNITIES AND AGING

RECOMMENDATIONS:

7.13 **That the lack of opportunities in rural areas be addressed by trained leaders sensitive to diverse needs, competent to market programs and to promote the development of job banks where these are appropriate.**

Action: Provincial Government - Health - Services to Seniors
Non-Governmental - Manitoba Society of Seniors, Creative Retirement Manitoba, universities - continuing education, Volunteer Centre of Winnipeg
Other - Seniors' organizations, Senior Citizens' Job Bureau

ABUSE OF VULNERABLE ADULTS

Definition of Abuse

Acts of commission or deliberate omission by a person or persons on an elderly person or vulnerable adult resulting in unwarranted physical pain; injury, physical correction or confinement such as being hit, slapped, bruised, sexually molested, cut, burned or physically restrained. Also, debilitating psychological or mental anguish such as being humiliated, treated as a child, frightened, intimidated, threatened or isolated. Finally, illegal or improper exploitation or use of material resources such as pension or income security cheques or other monies for the benefit of other persons without the knowledge or consent of the vulnerable adult.

Abuse also includes neglect through the refusal or failure to fulfill a caretaking obligation. This may be active neglect such as deliberate abandonment, withholding food, required health services, companionship or bathroom assistance. It may be passive neglect such as abandonment, non-provision of food, care, or health services because of inadequate knowledge, lack of motivation, infirmity, or a dispute about the value of prescribed services.

Vulnerable adults are those who, by reason of advanced age or mental infirmities, are substantially deprived of their capacity to care for themselves or manage their own affairs and are dependent upon others to assist them in caring for themselves or managing their affairs.

ABUSE OF VULNERABLE ADULTS

Historical Background

Manitoba's concern about abuse of vulnerable adults began in the fall of 1978 with an exploratory meeting in Winnipeg. This was convened to help determine if abuse as a social problem existed in Manitoba.

The meeting resulted in the formation of an ad hoc committee of interested professionals charged with studying the community aspects of elder abuse. During the following year, the ad hoc committee developed a bibliography and met with concerned Manitobans to assess resources and perceived needs. The committee also surveyed activities in other provinces such as legal safeguards, programs and demonstration projects.

By the end of 1979, the committee was receiving requests for information from the community. What had begun as a loosely-structured professional interest group became a formal sub-committee of the Manitoba Association on Gerontology and included certain changes in its personnel. A physician and an attorney joined social workers, nurses and other professionals with the aim of obtaining a clear and comprehensive picture of the extent of elder abuse in rural and urban Manitoba.

Before its reorganization, the committee had made a presentation to the Manitoba Council on Aging recommending a research project. On the recommendation of the Council, the then Minister of Health approved the research project to attempt to document incidence of abuse, the first of its kind in Canada, and the committee, through the Manitoba Association on Gerontology, assumed responsibility for it.

In November, 1982, the annual meeting of the Canadian Association on Gerontology was held in Manitoba and a pre-conference session, the first of its kind, focused on elder abuse in Canada. An Abuse and Victimization Game was the primary tool of an afternoon workshop.

ABUSE OF VULNERABLE ADULTS

Also, in November, 1982, Manitoba's present Minister of Health appointed an Interdepartmental Committee on Elder Abuse chaired by the newly-appointed provincial gerontologist. Since then, the Special Committee on Protection of the Elderly of the Manitoba Association on Gerontology has been awaiting recommendations from the Minister's committee.

In the winter of 1983, the Clearing House on Family Violence, an agency of the Department of National Health and Welfare, asked the Special Committee on Protection on the Elderly of the Manitoba Association on Gerontology to develop an abuse educational kit and an annotated bibliography of elder abuse literature. Funds were provided to publish the Manitoba abuse study and the Abuse and Victimization Game. This work is still in progress.

Issues for Discussion

As the elder population increases, it is reasonable to assume that the abuse problem will grow. It is estimated that, with a decreased birth rate, increased life expectancy and medical advances, people 65 and over could comprise approximately 16 percent of the population by 2001. It is further estimated that by the end of the century, the population under 65 will have increased by 17 percent while those between 65 and 75 will increase by 14 percent. The greatest increase, 53 percent, will occur in the group 75 and over. It is this group that is most vulnerable to physical, mental and financial crises requiring family and societal care.

ABUSE OF VULNERABLE ADULTS

Physicians, social workers and other practitioners who work with the elderly are frequently in a strategic position to identify elderly people who are being abused. These professionals are, however, placed in an untenable position by the lack of protective and preventive measures under the law and also by the need for long-term appropriate management procedures for mistreatment cases.

The vulnerable and frail elderly are often unable to protect themselves and are frequently reluctant or unwilling to bring charges, particularly since the abuser is often a family member, a close friend or neighbour.

A common trait of the vulnerable elderly is a degree of impairment which places limits on independent living. When mental or physical impairment interferes with judgement and the ability to manage adequately, remaining in the community, for many elders, is not possible without supportive services.

These points raise a number of questions:

> How should abuse, as defined, be assessed?
> Should a special elder abuse procedure or protocol be developed?
> What should a protocol or guidelines consist of?
> Should there be an elder abuse registry?
> Should there be a priority rating of typical abuse situations?
> Should all abuse cases be handled in the same way?
> Is dealing with elder abuse the responsibility of any particular discipline or program?
> Should there be legislation covering elder abuse? If so, how far-reaching should this be?
> What mechanisms would have to be in place to support such legislation?

Workshop No. 8

Subject: **ABUSE OF VULNERABLE ADULTS**

1. A presentation outlined the development of the Manitoba Association on Gerontology's study group on Abuse of the Elderly and a parallel study group set up by the Minister of Health.

2. Clarification of existing legislation such as The Mental Health Act and criminal law as it pertains to abuse set the framework for the discussion. The recurring theme throughout discussions was the rights of the individual. It was strongly emphasized that irrational decisions are not necessarily signs of mental incompetence warranting loss of civil liberties. Review of the definition of abuse raised two questions. How does one detect abuse, which is often well hidden? What are the ways one can deal with it in the institution or in the community? It was apparent that there was no clarity on exactly what could be done in abuse situations under present legislation. The hope was expressed that the new Consitution of Canada will result in provincial acts being changed. The group concluded that there is need for enabling legislation backed by resources. Enabling legislation would make provision for protective services. A person would have the right to have a situation investigated and assessed before abuse takes hold. The guardianship concept, as utilized in Alberta, appeared to be a model to be considered.

3. Public education about elderly abuse is needed. Some people do not believe abuse exists. It was noted that stereotypes exist in present media publicity about wife abuse in that the women portrayed are never elderly. People need to know what to do if they perceive something wrong and want it investigated. Perhaps a hotline would allow members of the community to express concern and trouble shooters, backed up by resources, could priorize and respond. Questions raised included: Do we have a right to trespass, and to question? Is legal action possible if a reported situation proves not to constitute abuse?

In discussing public education about abuse of the elderly, some suggestions included an information line and resource identification, more extensive use of the media, peer-group networking, and community focal points such as churches, senior centres, health centres, municipal boards. Professional education is necessary. Increased awareness at community centres such as banks, grocery stores, and restaurants is recommended.

4. Discussions indicated that participants faced a dilemma with victims who could not break the victim cycle. Information on availability of options for the elderly needs to be publicized. Police affirmative action programs work discreetly in a deterrent fashion such as the R.C.M.P. in rural areas. Perhaps these resources could be used with clarification of their role and more information and training to provide effective liaison with other health and social organizations.

5. A gap in service appears to be that no person or group has a mandate to follow an identified case of abuse. If a service agency is already going into the home the case may be identified and followed. If not, there may be benefit in community resource persons coming into the home. Neighbourhood volunteer help offers a huge potential for public education. An accepted, identifiable focal point in the community is important for reporting. Support for the family or care giver is important. Resources necessary to intervene are varied. Minimal intervention may be a neighbour visting.

6. The person's safety is of primary importance. A range of resources will ensure the least restrictive option. First, it is necessary to look at what resources can support the person in the home. If removal is necessary, personal support is critical at this point. Options might include safe houses, which offer some element of supervision and protection. Perhaps one or two beds need to be set aside in a nursing home.

7. There was discussion about the validity of establishing an abuse unit. Skilled staff could provide physical and psychological assessment and implement follow-up plans for the elderly person.

8. The group concluded that legislation to solve the problem of elderly abuse was necessary. In a discussion about resource backup the following questions were raised:

   - Do we need workers who "troubleshoot" in the community at large?

   - Do we negotiate with existing community focal points to provide this service?

   - Do we need to have outreach services to the abusee and to the abuser?

   - Where do we report abuse to access service?

9. Follow-up and monitoring is essential in terms of supporting investigation, assessment and action plans.

   Continued research on abuse was supported. This is required to plan and monitor existing and future programs and their impact.

10. The discussion group fully supported previous recommendations made to the government by the Manitoba Associaton on Gerontology Study Group on Elder Abuse.

ABUSE OF VULNERABLE ADULTS

RECOMMENDATIONS:

8.1 That legislation be enacted for the protection of abused elders with the element of guardianship to be included.

Action: Provincial Government - Minister of Health, Minister of Community Services, Attorney General, Manitoba Council on Aging

Support: Non-Governmental - Manitoba Association for Rights and Liberties, Manitoba Association on Gerontology

8.2 That funding be made available to communities to establish focal points for reporting and accessing services for abused elders.

Action: Federal Government - Health and Welfare Canada - Canada Assistance Plan

Provincial Government - Health - Office of Continuing Care, Community Services, Attorney General, Public Trustee, Manitoba Health Services Commission, Manitoba Council on Aging

Support: Non-Governmental - Manitoba Society of Seniors, Manitoba Association on Gerontology, Age and Opportunity Centre, Inc., other seniors' organizations, Manitoba Health Organizations Inc.

ABUSE OF VULNERABLE ADULTS

RECOMMENDATIONS:

8.3 That public education programs about elder abuse be funded and established by local and provincial governments. These should include media campaigns, information lines, and poster campaigns.

Action: Federal Government - Health and Welfare Canada - National Clearinghouse on Family Violence
Provincial Government - Education, Health, Community Services, Manitoba Council on Aging
Non-Governmental - Universities and colleges
Other - School divisions, public media

8.4 That provision be made for the education of professional and business sections of the community about the problem of elder abuse and the possible solutions.

Action: Federal Government - Health and Welfare Canada - Health Services, National Clearinghouse on Family Violence
Provincial Government - Education, Health - Office of Continuing Care, Community Services, Manitoba Health Services Commission, Manitoba Council on Aging
Non-Governmental - Manitoba Association on Gerontology, universities and colleges - continuing education, Association of Financial Institutions
Others - Royal Canadian Mounted Police or police

ABUSE OF VULNERABLE ADULTS

RECOMMENDATIONS:

8.5 That physical resources be established to provide preventive, remedial and restorative services for the abused elderly. These should minimally include:

- **in-home services workers/community people who will provide direct services such as:**
  1. **surveillance/supervision**
  2. **support and counselling**
  3. **basic information regarding available resources and places to get help**
  4. **safe home/halfway houses (rural and urban)**

Action: Provincial Government - Health, Community Services, Manitoba Health Servivces Commission, Housing
Non-Governmental - United Way, religious organizations, service groups
Other - Municipal governments

Support: Non-Governmental - Manitoba Association on Gerontology, Manitoba Health Organizations Inc., Volunteer Centre of Winnipeg, Manitoba Association of Registered Nurses, Manitoba Medical Association, Manitoba Association of Social Workers, Manitoba Public Health Association

RECOMMENDATIONS:

8.6 That a protective service unit be established for the purpose of providing services at the preventive level, the restorative level, and the remedial level.

Action: Federal Government - Health and Welfare Canada - Health Promotion
Provincial Government - Health, Community Services, Attorney General, Manitoba Health Services Commission

8.7 That assessment, investigation and protection be made available and accessible across the province to both abusers and abused persons in need of protection or help.

Action: Provincial Government - Attorney General

8.8 That research be funded on an ongoing basis in order to plan most effectively and monitor existing and future programs in their impact.

Action: Federal Government - Health and Welfare Canada
Provincial Government - Health, Community Services, Attorney General, Manitoba Health Services Commission
Non-Governmental - Centre on Aging, Manitoba Association on Gerontology

8.9 That a demonstration project for protective services be funded.

Action: Federal Government - Health and Welfare Canada - Health Promotion
Provincial Government - Health, Community Services
Support: Non-Governmental - Manitoba Association on Gerontology

ADVOCACY AND NETWORKING

The Canadian non-governmental voluntary sector position on senior citizens is that senior citizens must consitute a functional, useful, integral segment of Canadian society.

Advocacy

Advocacy is a specific type of voluntarism defined as an attempt to influence those with power to implement policies considered favourable by those advocating them. It is action-oriented and aimed at furthering participation by individuals and groups. It reflects the philosophical ideal that decision making should be shared by those directly affected. Advocacy is one accepted means of influencing social change in Canada.

Advocacy frequently assumes adversary positions and is associated with new policies. It is seen as a means of keeping democracy vigorous, of uniting individuals in a common purpose and of providing a sense of direction to society. It is not an ideology and does not assume that the end result must be community control.

Advocacy has at its roots self-improvement in combination with strategies of direct intervention. It is not simply a process of lobbying to influence decision makers, but seeks to transform the attitudes and activities of the affected population, and of the decision makers themselves.

Advocacy may function locally, in rural, urban or isolated communities or nationally. Individuals can be advocates as can small, local groups, coalitions of groups, or large segments of the population. Advocacy is not a method of effecting social change that requires community workers. It is not meant to be elitist but can be so if wide participation in promoting the chosen course is not sought.

ADVOCACY AND NETWORKING

Successful advocacy is the product of good organization, effective leadership and the use of outside resources. Sound budgeting, goal setting, assertiveness, self-reliance, creativity, determination and persistence are important attributes of success.

Advocacy is often successful in efforts to give a voice to an under-represented group or to plead a case on behalf of a disadvantaged group.

Networks and Networking

Networks can be identified in political, business, social and personal terms. Although most networks are not formally organized, some, particularly in politics, have been deliberately created for specific purposes.

The deliberate formation of interpersonal links based on some common purpose and shared background leads to the idea of networking, whether formally organized or not. Networking has been defined as "the process of being in active communication with people you know, have known and should know for the purpose of gathering information and meeting personal or organizational goals". The most frequent use of networking recently has been within the women's movement where networking has been defined as an expanding web of relationships with other women for the purpose of building support, solving common problems, and enhancing individual growth. The focus in the women's movement has frequently been gaining access to jobs, providing a basis for collective action, communicating about issues and problems, and providing intellectual and emotional support.

Networking, then, creates a network among individuals which may be brought into play for many different purposes. Networking is an active process; the network is actively maintained through continuing and repeated contacts in many different contexts.

Senior Citizens' Advocacy

Changing economic times and the growing image of seniors as an underprivileged segment of Canadian society should encourage advocacy by seniors. Seniors, accustomed to having won battles for such improvements as higher incomes, should not sacrifice the standard of living they worked to achieve. They are not content with the stereotyping that has helped to create a poorer image of the aged. The elimination of mandatory or compulsory retirement at age 65 in Manitoba as a result of the Provincial Human Rights Act is an example of one of the battles that seniors have worked to achieve.

Government pension programs and other measures can no longer be considered adequate particularly when many other social programs now compete for a share of diminishing economic resources. Seniors have come to the realization that they must involve themselves in safeguarding their rights and independence.

Seniors in increasing numbers are actively participating in the affairs of their communities until well past age 65. Increased life expectancy and participation, while not yet contributing to a solid voting bloc of seniors in North America, does create awareness that seniors are not powerless, particularly when, by the beginning of the twenty-first century, one of every three adult voters will be over 65. Seniors, according to numerous North American studies, constitute a higher percentage of active and regular voters than members of other age groups.

ADVOCACY AND NETWORKING

The fact that many of today's more active seniors have experience with group membership and voluntarism has given rise to a greater number of seniors' organizations providing social contact in a society that still tends to segregate the aged.

The phenomenal growth of senior clubs and centres has contributed to the founding of regional, ethnic, provincial and national organizations. These organizations in turn have taken on some political characteristics with their acceptance of local club resolutions and presentation of resolutions to political authorities.

Many Canadian senior groups have not as yet adopted an advocacy stance and those that have tend to combine a traditional service orientation with advocacy.

Some senior groups, whose principal activity has not been advocacy, have nevertheless helped the cause of advocacy by contributing to a positive image of seniors. Image building projects include both physical and mental activity.

While Canadian senior citizen advocacy and networking may not yet have the proportions of the Women's Liberation Movement, it is becoming more popular as a means to promote seniors' interests and will doubtless increase in popularity and power as it passes the formative stage.

ADVOCACY AND NETWORKING

Conclusions

Both senior advocacy and networking are ways to promote senior involvement and to fight apathy and feelings of powerlessness.

The National Advisory Council on Aging recognizes that the advocacy approach entails using a variety of tactics from writing briefs and establishing speakers' bureaus to creating cooperative coalitions and taking legal actions. The council recognizes that there may be problems in encouraging senior advocacy. These problems may include the continuation of low level use of advocacy tactics among seniors, that senior advocacy may result in a more diversified voice on aging issues, that senior advocacy may be used more by more affluent seniors than those in need, that senior advocacy may over-emphasize the special needs of the aged for protection and create a dependent image of seniors, that senior advocacy may become mere lobbying instead of encouraging senior enterprise and self-help participation.

Although these are real possibilities they can be avoided if seniors are willing to try various methods of networking and advocacy. Monitoring political events cannot be expected to be enough to achieve influence. There must be conscious recognition of the need to avoid creating negative stereotypes of seniors and to promote a positive image of aging.

Seniors themselves, creating networks and acting as volunteer advocates to influence the political systems and institutions designed for all Canadians, can be the most democratic and politically effective instruments to achieve resolution of seniors' issues. Attitudinal as well as political changes to promote issues of concern to seniors can best be brought about by seniors themselves.

Senior advocacy and networking can combine searching for solutions to the problems of the aged in need with raising public consciousness of aging and the quality of life seniors have a right to expect.

Workshop No. 9

Subject: **ADVOCACY AND NETWORKING**

1. The plenary session of this workshop agreed to adopt the following definitions:

Advocacy:	The process by which seniors influence those in power to effect change.
Networking:	A formal and casual interrelated communication system for the purpose of satisfying perceived needs and goals.

2. Participants were then divided into two groups and were asked to choose the three most significant issues or barriers affecting effective advocacy and three issues affecting networking. These issues were shared with the larger group and, following discussion, a consensus was reached that the following were the primary issues:

ADVOCACY

1. Organization issues: Coordination of seniors' groups so that they speak with a common voice.

2. Cost of communication amongst seniors' groups due to geographic distances.

3. Educating and informing seniors about the issues and the advocacy process.

NETWORKING

1. Lack of networking between formal or professional support groups and informal seniors' groups. Also a sense of competition instead of cooperation amongst support groups.

2. Insufficient information on referral and resources.

3. Changing lifestyles requiring changing networks.

3. Although seniors, representing nearly one-third of the electorate, have power, they are not organized to exercise it. It was suggested that a manual of organizational techniques for advocacy be developed and that services be motivated to learn advocacy skills. A first step might be to begin a process of consciousness-raising similar to that in the women's movement.

4. Although professionals and various agencies advocate for seniors, these organizations need to work together to become effective. Also they must determine what seniors can do for themselves and what professionals can do in behalf of seniors. Seniors should be encouraged not to rely on professional groups as advocates. The latters' role should be as enablers, not doers.

5. Effective advocacy requires an identification of issues, especially to obtain the views of seniors, and information about policies and issues affecting seniors.

ADVOCACY AND NETWORKING

RECOMMENDATIONS:

9.1 That seniors identify their needs and organize around those needs rather than around specific age groups.

Action: Provincial Government - Health - Services to Seniors
Non-Governmental - Age and Opportunity Centre, Inc., Manitoba Society of Seniors, Manitoba Association on Gerontology

9.2 That there be a central resource base or organization in Manitoba that would, in addition to playing an advocacy role itself, train seniors and seniors' groups in the advocacy process and its effective use and that advocacy training for seniors be organized either centrally or regionally.

Action: Non-Governmental - Manitoba Society of Seniors

9.3 That there be active promotion among older adults of the concept of advocacy and the benefits accruing from it; that the families of seniors, the sandwich generation, and professional groups unite with seniors to define and promote advocacy with information creatively disseminated to encourage informed decision making.

Action: Federal Government - Minister of Health and Welfare Canada, National Advisory Council on Aging, New Horizons
Provincial Government - Health - Services to Seniors, Health Promotion, Manitoba Health Services Commission, Manitoba Council on Aging
Non-Governmental - Age and Opportunity Centre, Inc., Manitoba Society of Seniors, Creative Retirement Manitoba, Manitoba Association on Gerontology, senior centres
Other - Public media

RECOMMENDATIONS:

9.4 That no-strings funding be sought to support organizational development, to encourage and train seniors in effective advocacy strategies, and that support be continued for organizations like the Manitoba Society of Seniors, which alert seniors to common concerns.

Action: Federal Government - Minister of Health and Welfare Canada, New Horizons
Provincial Government - Minister of Health, Services to Seniors
Non-Governmental - Age and Opportunity Centre, Inc., Manitoba Society of Seniors, United Way
Other - Public media
Support: Federal Government - National Advisory Council on Aging
Provincial Government - Manitoba Council on Aging

9.5 That public relations efforts be made to encourage the news media to increase coverage of the activities of seniors and to support seniors in their role as advocates for their age group.

Action: Federal Government - Health and Welfare Canada - Health Promotion, National Advisory Council on Aging,
Provincial Government - Health - Health Promotion, Services to Seniors, Manitoba Council on Aging
Non-Governmental - Age and Opportunity Centre, Inc., Manitoba Society of Seniors, Creative Retirement Manitoba, senior centres, other seniors' organizations
Other - Public media

ADVOCACY AND NETWORKING

RECOMMENDATIONS:

9.6 **That a conference of seniors be called to further discuss the issues raised and the recommendations made at the Fourth Manitoba Conference on Aging.**

Action: Federal Government - New Horizons
Provincial Government - Health - Services to Seniors
Non-Governmental - Age and Opportunity Centre, Inc., Manitoba Society of Seniors, senior centres

PHARMACEUTICAL ISSUES

Background

People over 65 make up 11.6 percent of the population, but take over 25 percent of all prescribed medicines. People over 65 are also at greater risk for misuse of drugs than younger adults. It is estimated that 20-25 percent of all elderly persons admitted to hospitals suffer from adverse reactions due to drugs and that about 40 percent of the elderly population living in the community are victims of adverse reactions to drugs.

Factors contributing to this greater risk include the large numbers of drugs used, use of over-the-counter medications in addition to prescription drugs, unpredictable drug actions on the aging body, and misuse of medications.

To manage personal health care effectively, the elderly person must be an informed consumer and being an informed consumer means being a demanding consumer. Certain minimum information should accompany each new prescription, including the name of the drug, why the drug is needed and what it is for; the proper dosage schedule, when and how to obtain refills, special storage requirements, effects desired and possible adverse effects, and compatibility with other prescribed medications and non-prescription drugs.

The pharmacist is a readily available health professional who could provide this information. Additional valuable services that could be performed by the pharmacist are:

- Individual counselling in a privacy booth
- Written instruction to complement verbal instructions
- A health passport to be carried by the consumer which lists all medications and how to take them
- Assistance with Pharmacare forms
- Advice on over-the-counter medications
- Telephoning physicians about medication-related problems
- A reminder service for long-term medications
- Assistance with dosage schedules or pill reminder systems
- Delivery services
- A home visitation service

Manitoba Pharmacare Program

The drugs listed on the Provincial Drug Standards and Therapeutics Formulary are therapeutically equivalent. When filling prescriptions Manitoba pharmacists can substitute generic equivalent drugs unless the physician explicitly forbids substitution. Generic drugs replace expensive brand-name products in approximately 99 percent of prescriptions for drugs listed in the formulary.

In Manitoba, the Pharmacare Program reimburses those over 65 for 80 percent of the costs of all eligible prescription drugs after an initial deductible of $75. Claims may be made any time during the year and as often as the person wishes to submit a claim.

The elderly population of Manitoba accounted for 44 percent of all Pharmacare claims in 1983. The average claim submitted by those over 65 was $314 and the average amount paid was $211.

PHARMACEUTICAL ISSUES

The program reimburses for the cost of drugs which, by law, require a physician's prescription, as well as 300 to 400 non-prescription drugs if prescribed. An estimated 98 percent of all prescriptions are insured.

Examples of items not insured are antacids, laxatives, cough and cold preparations and vitamins. Those in favour of including such drugs in the program point to the cost that must be assumed by those who require them to relieve chronic conditions. Those opposed argue that many non-prescription drugs are of questionable value and that they can interact adversely with prescribed drugs.

Fifty-six percent of the elderly population does not claim for drug reimbursement. This must mean that these users either spend less than their deductible annually on drugs, do not know about the Pharmacare Program, are able to pay for drugs and do not care to submit claims, or have difficulty filling out and submitting claims.

Issues

If our aim is to ensure that Manitoba's elderly are able to obtain the medications they require, and to ensure maximum benefit and minimum risk from prescribed medications, the following issues need to be addressed:

- The need for a multi-media awareness program on drug use by elderly persons including benefits and risks
- The need to encourage elderly persons to be assertive in seeking required information about medications
- The need for a readily accessible, reliable source of information which recognizes that some older people have difficulty reading English

PHARMACEUTICAL ISSUES

- The difficulty older people experience using child-restraint containers
- The need for educational programs and in-service training for all professionals on the risks of medication misuse
- The need for more research on the effects of drugs on the elderly person
- The adequacy of the Pharmacare Program to ensure Manitoba's elderly persons are financially able to obtain required medications
- The value of a simpler claiming procedure, perhaps a computer link or direct contact between pharmacies and the funding agency
- The value of a central bank of information accessible to any pharmacy on all individuals and the drugs they are taking accessible to any pharmacy.

Workshop No. 10

Subject: **PHARMACEUTICAL ISSUES**

1. Given the difficulties arising from both polypharmacy and polydoctoring in the community, communications and coordination between the professions of pharmacy and medicine need to be encouraged, especially between the Faculties of Pharmacy and Medicine at the University of Manitoba.

2. Although there was general agreement that the Pharmacare system as it now exists is satisfactory, frequent and recurrent advertisement of this program should be employed as misconceptions about the reimbursement mechanism still exist.

3. Although pharmaceutical companies provide useful educational materials, it was recognized that drug samples constitute a serious problem and that appropriate professional and consumer groups should ask the Pharmacy Manufacturers' Associates to eliminate this practise.

4. A central data bank for medications and users was discussed. Although there was merit in this idea, such a data bank might infringe upon human rights.

5. Media coverage of pharmaceutical issues was discussed. It was brought to the group's attention that the only medium available north of the 53rd parallel is the Canadian Broadcasting Corporation, a fact that should be brought to the attention of anyone preparing media presentation of pharmaceutical issues to the public.

PHARMACEUTICAL ISSUES

RECOMMENDATIONS:

10.1 Whereas an easily accessible source of information is required by the elderly and by professionals working with the elderly, that support be given for continuation of the Medical Information Line for the Elderly, Faculty of Pharmacy, University of Manitoba; that the line be toll free; that it provide information in languages other than English; and that there also be a source of information for pharmacies and other professionals.

Action: Provincial Government - Manitoba Health Services Commission - Pharmacare, Manitoba Telephone System, Culture, Heritage and Recreation
Non-Governmental - University of Manitoba - School of Pharmacy, Manitoba Pharmaceutical Association

10.2 That work continue with the Manitoba Pharmaceutical Association to develop further educational programs available through local pharmacies.

Action: Provincial Government - Manitoba Health Services Commission - Pharmacare
Non-Governmental - University of Manitoba - School of Pharmacy, Manitoba Pharmaceutical Association

10.3 That there be further involvement of pharmacists in care in the home by encouraging the development of compliance aids, of reimbursement for compliance aids and education, and that these be facilitated through the establishment of a pharmacy consultant within the Department of Health to establish liaison with existing networks and to identify specific problems within the home.

Action: Provincial Government - Health - Office of Continuing Care, Health Promotion

PHARMACEUTICAL ISSUES

RECOMMENDATIONS:

10.4 That research into the study of medications and the elderly be increased.

Action: Federal Government - Medical Research Council

Non-Governmental - Manitoba Medical Association, Manitoba Health Research Council, Manitoba Health Services Research Foundation

10.5 That the Manitoba Medical Association and the College of Physicians and Surgeons of Manitoba further examine the use of psychotropics as a chemical restraint and the issue of polypharmacy in the elderly.

Action: Provincial Government - Manitoba Health Services Commission - Pharmacare, Manitoba Council on Aging, Alcoholism Foundation of Manitoba

Non-Governmental - College of Physicians and Surgeons of Manitoba, Manitoba Medical Association

10.6 That appropriate consumer and professional groups approach the Pharmaceutical Manufacturers' Association with the request that distribution of drug samples be discontinued, as these constitute a serious problem even though they offer some educational benefits.

Action: Provincial Government - Manitoba Council on Aging, Provincial Gerontologist

Non-Governmental - Age and Opportunity Centre, Inc., Manitoba Society of Seniors, Manitoba Association on Gerontology, Manitoba Medical Association, Manitoba Public Health Association, Manitoba Pharmaceutical Association, Pharmaceutical Manufacturers' Association

PHARMACEUTICAL ISSUES

RECOMMENDATIONS:

10.7 **That the Pharmacare Program be advertised regularly as misunderstanding of the reimbursement mechanism is widespread.**

Action: Provincial Government - Health - Services to Seniors, Manitoba
Health Services Commission -
Pharmacare, Manitoba Council on Aging

INFORMATION DISSEMINATION

In order to use resources, one must be aware of their existence. The importance of information dissemination for both older persons and the professional working with elders cannot be underestimated. How is information about aging and about services and resources for the aging disseminated to those who require it? In Manitoba, a variety of sources exist. Some of these will be highlighted in this paper.

The Manitoba Senior Citizens' Handbook compiled by the Manitoba Council on Aging, is a guide to the many services available to seniors in Manitoba. It contains a listing of programs, services, information and suggestions on a variety of topics such as nutrition, crime prevention, safety, writing wills and so on.

The Office of the Provincial Gerontologist, the specialists in the Services to Seniors program of Manitoba Health and the Continuing Care Program staff all act as sources of information. The latter two are located throughout the province and are valuable resources in rural areas.

In addition to government sources, there are a number of other information sources. The Age and Opportunity Centre, Inc. and its network of urban senior centres is one of the more widely-used sources of information in Winnipeg. Senior centres outside of Winnipeg also play a vital role.

Information dissemination is also possible through the press and electronic media. Seniors Today, a commercial tabloid published in Winnipeg, appears to be one of the more useful sources but its circulation is limited. The Manitoba Seniors Journal, published by the Manitoba Society of Seniors, also contains valuable information. The Winnipeg Free Press and The Brandon Sun publish special weekly columns which provide limited information for older adults.

INFORMATION DISSEMINATION

A variety of information sources also exist for the professional. The Manitoba Association on Gerontology, an organization of individuals interested in aging, prepares a quarterly newsletter and holds educational meetings to keep its members informed about current activities in gerontology. Other organizations such as the Manitoba Association of Registered Nurses, the Association of Activity Workers and the Manitoba Association of Social Workers also serve as information sources for their members.

The Centre on Aging at the University of Manitoba gathers and disseminates research information on aging. It conducts an annual spring symposium, sponsors guest lecturers and publishes a quarterly newsletter to inform interested readers about recent research findings.

Contact provides information on community resources in Winnipeg. Citizen's Enquiry Service provides access to provincial government resources throughout Manitoba through its toll free phone numbers.

The formal sources of information mentioned are not the only sources available but they are the most visible. It has been suggested that informal resources such as family and friends, are perhaps the most important sources. Other informal sources of information include physicians and the clergy.

Issues for Discussion

Several questions emerge about information dissemination which need to be addressed:

- Do people who need information, especially seniors, know that it exists and where to obtain it or do we need to make these sources more accessible?

INFORMATION DISSEMINATION

- What kind of information is needed and wanted by both the older adult and the professional working in the field?
- Are we providing the type of information which is required?
- Are there topics which no one is addressing?
- Do we need a centralized information bank which contains comprehensive current information pertinent to both seniors and those who work in the field?
- If so, where should a centralized bank be located, how should it operate and who will finance it?
- How can we better target information so that individuals who require information obtain it?
- Do stereotypes exist which prevent individuals from seeking information and services which may be of some benefit to them?
- Do we know how people obtain information?
- What is the best method of reaching seniors, through mass media, through doctors, clergy or through family and friends?
- Do the informal information sources have complete, correct information or do we need to educate these informal sources more effectively?
- What role should government departments play in the dissemination of information?

Workshop No. 11

Subject: **INFORMATION DISSEMINATION**

1. Participants in this workshop agreed that the older person and the professional working with the elderly each require information about services available to the elderly. Although such information is available, literature is often out of date by the time it is distributed. Some people need help to identify their needs. To others, language may be a barrier to expressing needs as is the fear of appearing ignorant. Physicians may be aware of their patients' needs, but do not always know about appropriate resources.

2. For the reasons listed, it was felt that a comprehensive telephone information and referral service, such as is currently being established by Contact, should be available to every resident of the province. A brief explanation of the service should be provided at the beginning of the telephone book. The costs associated with starting and maintaining this service should be shared between various levels of government and non-governmental bodies.

3. Seniors need to be involved in the development and implementation of this service. The service should be directly accessible to individuals not solely through the mediation of a professional.

4. Information about the service should be circulated widely by means of the mass media as well as publications of ethnic and professional groups.

5. Professional associations should encourage their members to use the service and to inform their clients of the service. Consideration should be given to recruiting a corporate sponsor to finance advertisements about the service.

INFORMATION DISSEMINATION

RECOMMENDATIONS:

11.1 That a central telephone line for seniors (Seniors' Line) be established with priority listing in telephone directories and toll-free long-distance access.

Action: Provincial Government - Health - Government Liaison Officers, Manitoba Council on Aging, Manitoba Telephone System, Citizens Inquiry
Non-Governmental - Age and Opportunity Centre, Inc., Manitoba Society of Seniors, Creative Retirement Manitoba - Computer Group, Manitoba Association on Gerontology, other seniors' organizations, Volunteer Centre of Winnipeg - Contact

11.2 That information about services to seniors plus lifestyle information be stored on computer for ease of access and update by telephone receptionists and that local computer terminals be linked to the central information bank.

Action: Federal Government - Health and Welfare Canada - Health Promotion, New Horizons
Provincial Government - Health - Government Liaison Officers, Manitoba Council on Aging, Manitoba Telephone System
Non-Governmental - Manitoba Society of Seniors, Creative Retirement Manitoba - Computer Group, senior centres, other seniors' organizations

INFORMATION DISSEMINATION

RECOMMENDATIONS:

11.3 That the Seniors' Line be complemented by printed information and computer terminals in localities used by seniors such as clubs, senior centres, post offices, banks.

Action: Federal Government - Health and Welfare Canada - Health Promotion, New Horizons
Provincial Government - Health - Government Liaison Officers, Manitoba Council on Aging, Manitoba Telephone System
Non-Governmental - Manitoba Society of Seniors, Creative Retirement Manitoba - Computer Group, senior centres, other seniors' organizations

11.4 That information be disseminated by neighbourhood support groups similar to Neighbourhood Watch, by peer counselling groups, and by the mass media and that tax incentives be considered as a means of encouraging voluntary support of such groups.

Action: Federal Government - Minister of Finance
Provincial Government - Health - Government Liaison Officers, Services to Seniors, Minister of Finance, Interagency Committee on Support Services to Seniors
Non-Governmental - Age and Opportunity Centre, Inc., Manitoba Society of Seniors, senior centres, other seniors' organizations

INFORMATION DISSEMINATION

RECOMMENDATIONS:

11.5 **That non-profit organizations receive funds for promotion of available services.**

Action: Federal Government - New Horizons
Provincial Government - Health
Non-Governmental - United Way

11.6 **That non-profit organizations establish links with appropriate commercial ventures for mutually beneficial promotion.**

Action: Non-Governmental - Winnipeg Chamber of Commerce

11.7 **That the Manitoba Society of Seniors and other seniors' organizations and service providers unite to advocate improvement to systems of information dissemination.**

Action: Federal Government - Health and Welfare Canada - Health Promotion, Office on Aging
Provincial Government - Health - Government Liaison Officers, Services to Seniors, Health Promotion, Manitoba Council on Aging
Non-Governmental - Age and Opportunity Centre, Inc., Manitoba Society of Seniors, Manitoba Association on Gerontology, senior centres, Manitoba Health Organizations Inc., other seniors' organizations, Manitoba Public Health Association, other relevant professional organizations.

TRANSPORTATION NEEDS OF THE ELDERLY

Age and Opportunity Centre, Inc. Involvement

A recurring issue raised at the 1979 Senior Boom Conference in Winnipeg was the need for adequate or improved transportation facilities for the elderly.

As a result, the Age and Opportunity Centre, Inc. of Winnipeg established a transportation committee which began to research the needs of the community and the services provided in other communities in Canada and the United States. A literature search, undertaken in cooperation with the Junior League of Winnipeg and the University of Manitoba, was completed in June, 1982.

All authors emphasized that mobility is critical to the physical, social and psychological well-being of the elderly person. They supported the view that adequate transportation is necessary to make services and facilities used by the elderly truly accessible and to link these in a coherent system.

Physical health depends, in part, on access to medical and social services. Accessibility to family and friends as well as recreational and cultural activities depends on available transportation. The option to choose activities rather than isolation is a key ingredient to physical, psychological and social well being. For the elderly, quality of life depends, to a very large extent, on available and accessible transportation.

TRANSPORTATION NEEDS OF THE ELDERLY

In order to identify the target group for a demonstration project, the Age and Opportunity Centre adopted the following definition:

> "The transportation-handicapped person is described as someone who, because of a specific permanent or temporary (less than six months, but more than one month) problem, or incapacity, including aging, experiences more difficulty in using public transportation than a person without the problem, but can go outside the home at least once a week, with or without the help of another person."
> (U.S. Department of Transportation 1978; Transport Canada 1979)

Previous studies and transit systems surveyed consistently integrated the elderly and the disabled. However, the elderly and the disabled are not a homogeneous group in terms of transportation needs.

Three levels of transportation handicap have been identified:

- Ambulatory disabled are those who can use existing public transit, but who do so with loss of dignity. These include the frail, the obese, those with poor hearing and eyesight, the confused and those with muscle and joint ailments which make their movements slow or painful.
- Semi-ambulatory handicapped are unable to use public transport, but do not require specially equipped vehicles. They cannot walk to the nearest bus stop or stand for any length of time. They include those with heart or respiratory ailments.
- Those in need of specially equipped vehicles - users of wheelchairs, require ramps or lifts. Such people are eligible to use wheelchair buses operated in Winnipeg by Handi-Transit, but this organization gives priority to the young disabled.

TRANSPORTATION NEEDS OF THE ELDERLY

Some specific problems with regular transit identified by the elderly were: inability to walk to the nearest bus stop, especially in winter; difficulty mounting the steps of regular transit buses and fear of falling when the bus starts; fear of travelling alone, especially at night because of the danger of falling or being mugged; and inability to move quickly enough to cross a busy intersection in the interval of a light change. Next to public transit, taxis were the most commonly-used method of transportation with cost being the key barrier to greater use.

The issue is: How can these barriers to transportation be overcome so that the elderly person has adequate mobility?

Manitoba Governmental Involvement

The Manitoba Council on Aging raised similar concerns about transportation in its first annual report on 1980/81. This report found transportation for the mobility disadvantaged the priority need. Its recommendations led to the formation of the Interdepartmental Committee on Transportation of the Mobility Disadvantaged, composed of representatives of Manitoba Health, Highways and Transportation, Community Services, Municipal Affairs and Urban Affairs.

The interdepartmental committee's report was forwarded to Cabinet in August, 1984. It makes the important point that, although an astonishing number of agencies are involved in providing transportation services to the mobility disadvantaged, particularly in urban areas, it became abundantly clear that the overall need was not being met.

TRANSPORTATION NEEDS OF THE ELDERLY

The committee found a need for new approaches, policies and methods in providing transportation as well as new equipment. It found that rural programs supported by local government had enabled rural people to enjoy a wide variety of activities hitherto denied them. The committee's concern was that such programs were not geographically universal.

The committee has recommended that steps be taken to improve accessibility of the mobility disadvantaged to the regular transit system. It also recommended that government examine a way to extend the geographic coverage of the highly successful program for Transportation of the Handicapped in Rural Manitoba and study the economic feasibility of an inter-community rural transportation service.

It recommended further that Manitoba introduce enforceable safety standards for special vehicles and that the jurisdiction of the Taxicab Board be extended to cover wheelchair vans operating in urban areas. The concept of an integrated neighborhood-based transportation service being demonstrated by the project described below should, the committee said, be monitored closely to determine whether it might be applicable to other urban areas.

Special Transport Service Projects

The Special Transport Service was launched as a demonstration project by Age and Opportunity, Inc. early in 1984. The demonstration area - Fort Rouge, Crescentwood - was selected because of the high density of residents 60 or over and because of a strong community support system. The project is being financed by a grant from Transport Canada.

TRANSPORTATION NEEDS OF THE ELDERLY

Part of the demonstration is the use of a specially designed Orion II bus which will be tested for suitability in Winnipeg weather conditions as well as for use by disabled and handicapped older adults.

A survey of the target area is in progress. The survey form also serves as a registration form, and all users of the service must be registered. Although there is no priority system in place, interviewers record whether or not a potential user meets the criteria defined on page 1.

In addition to the Orion II bus, two wheelchair-accessible vans for door to door service are in use daily as well as private cars with volunteer drivers. Users must call to book a ride two days in advance of a trip. Regular scheduled shopping trips to the major shopping centres and trips to cultural events are available. Two qualified paid drivers, as well as trained volunteers drive project vehicles. The fare charged is 75 cents one way.

A unique feature of the project is the extensive use of volunteers. In addition to volunteer drivers, volunteer escorts are available for those who require support or assistance. The dispatch office is staffed by volunteers who assist the permanent staff of a manager and dispatch coordinator. Volunteer interviewers are responsible for current registration, although the major part of the survey was conducted by four surveyors hired on contract.

Future

An evaluation process is being set up to determine the effectiveness of the project and of the Orion II bus. Planning is underway for future funding of this project, as well as for further expansion of the model to other areas, depending on the outcome of the evaluation.

The challenge is to re-motivate those who have resigned themselves to a life of passive isolation due to frustration at their inability to cope with an inadequate transportation system. If it can be established that this is a valid and viable service, it could provide that necessary link to make existing services and facilities truly accessible to the transportation-handicapped.

Workshop No. 12

Subject: **TRANSPORTATION**

1. Participants in the workshop on transportation agreed that readily available transportation services greatly enhanced quality of life for seniors. The ability to access these systems as needed, with all of the necessary supports in place, further enhances quality of life.

2. The features identified as desirable are those found in systems which are demand-responsive allowing for self-determination; are free of imposed limitations, provide portal-to-portal services and a variety of modes of transportation to accommodate a variety of conditions. Costs or fares need to be within reach of the individual, although it was noted that the ability to pay also has to be balanced with individual values, and the ease with which one is able to reconcile the expenditure of funds on transportation to enhance quality of life. Volunteers as escorts and drivers were recognized as valuable supports in making existing transportation systems more useable.

3. Many projects were described, and the merits of each were discussed. These included the following:

   (a) The Special Transport Service sponsored by the Age and Opportunity Centre, Inc., and funded by Transport Canada;

   (b) The Taxi-Cab Service sponsored by the Jewish Commission on Aging;

   (c) The transportation service, Flin Flon;

   (d) The program for transportation of the mobility disadvantaged in rural Manitoba;

   (e) The Fort Richmond-St. Norbert Dial-A-Bus project.

4. Some key concerns were identified as requiring special attention. Environmental considerations were raised as being especially important in Manitoba. Cold weather and slippery streets have a tremendous impact on the mobility of seniors and their ability to access transportation systems. A city-wide concept of transportation was suggested which would be comprehensively planned to include such features as subways, heated bus shelters, and ride-throughs from senior citizens' high-rises to shopping centres. Building codes and municipal by-laws would need to be modified to provide access to buildings.

5. In the provision of support services, volunteers were viewed as an important human resource. In order to provide further incentive, and to attract the needed number of qualified volunteers, those assembled felt that government should be urged to provide tax benefits to volunteers.

6. The resources available to the community for transportation services through the Manitoba Department of Highways and Transportation and New Horizons were reviewed. Each of these sources was limited in its ability to assist with comprehensive transportation programs. Also, funding criteria differ at the provincial and federal government levels, and funds are limited to demonstrations and do not provide for expansion of service or project continuity. Some rural communities looking for start-up funds for transportation services have been frustrated in their efforts because of the need for municipal government sponsorship. It was agreed that alternate ways need to be found to bring service to such communities. There should be more equality between rural and urban programs.

7. The proliferation of transportation programs, and the difficulty in obtaining funding raised the question of the merit of coordinating these systems, which might be an advantage in obtaining funds. The province is currently trying to assess its use of transportation funds in more than one area. More cooperation and collaboration between the three levels of government is desirable.

   Those assembled at the workshop felt that transportation is a right, as is health care, and that it should be so recognized; and that the three levels of government should assume responsibility for transportation services for the elderly. It was felt that the community had some responsibility for provision of services, and that there might be merit in exploring what part the corporate sector, for example, oil companies, might be prepared to play.

8. The need for information about existing programs, resources and guidelines for starting up transportation services was raised. The newly-established Transport Institute at the University of Manitoba was identified as being a logical clearing house, research centre and resource to the community. This organization might be asked to act as a central exchange for information sharing about transportation models in other centres around the world.

TRANSPORTATION

RECOMMENDATIONS:

12.1 That transportation services for the elderly be recognized by three levels of government as a right, like health services; and that the three levels of government coordinate their efforts and assume responsibility for providing funds for such transportation services.

Action: Federal Government - Department of Transport
Provincial Government - Attorney General - Human Rights Commission, Manitoba Council on Aging, Highways, Urban Affairs, Municipal Affairs
Other - Municipal government

12.2 That the newly-established Transport Institute at the University of Manitoba be asked to act as clearing house, research centre and community resource providing an exchange of information about transportation models tried elsewhere in Canada and the world.

Action: Federal Government - Department of Transport
Provincial Government - Highways
Non-Governmental - University of Manitoba - Transport Institute

12.3 That consideration be given to offering tax concessions to community volunteers assisting with transportation programs for the elderly.

Action: Provincial Government - Manitoba Council on Aging, Finance
Non-Governmental - Volunteer Centre of Winnipeg

TRANSPORTATION

RECOMMENDATIONS:

12.4 **That the corporate sector, particularly oil companies, be approached with the suggestion that they might play a significant role in provision of transportation services for the elderly.**

Action: Non-Governmental - Winnipeg Chamber of Commerce, relevant industries

WORKERS WITH OLDER PERSONS: AWARENESS, TRAINING AND RESEARCH

Background

The international Plan of Action on Aging, adopted unanimously at the U.N. World Assembly on Aging (1982), offered recommendations related to training and education in gerontology. Highlights of these recommendations include:

(1) Education and training programs should be multi-disciplinary and requirements for certification should be regulated.
(2) Governments and non-governmental organizations should have working for them personnel trained to work with the aging.
(3) Practical training centres should be promoted.
(4) Training in gerontology and geriatrics should be given prominence in all educational programs.

These recommendations reflect an international concern about the nature and extent of training and orientation opportunities available to persons who work with older adults. They imply that more effort and resources must be expended in developing and improving the skills and awareness of those serving aging persons.

Training and education about aging and the aged are in the developmental stage in Canada. At present, there is no established training system, but rather a series of programs in a number of areas covering different aspects of training and education. Programs and initiatives differ depending on the province and educational institution.

WORKERS WITH OLDER PERSONS: AWARENESS, TRAINING AND RESEARCH

Gerontology and geriatrics education is improving. There is evidence that this will continue. However, when looking at the present situation, some critical issues arise:

- Expansion is slow in post-secondary education for those working with or serving seniors. Only about a dozen major Canadian universities have extensive educational programs in gerontology.
- New centres on aging at 10 Canadian universities have added considerable impetus and support to educational programs in both degree and non-degree areas because of their effort to expand the teaching and research base. The International Plan of Action on Aging advocated an increase in research as not nearly enough data are available. Basic research on the aging process is needed as well as research on the economic effects of pension reform, social networks of seniors, memory and learning of older adults, chronic disease, drug interaction, etc. Applied research is necessary to evaluate programs and test new ideas.

Research is one of the first areas to feel the effects of a sluggish economy and government restraint. The newly-established university centres on aging, which are excellent sources of research trainees and research projects, are not sure of their financial future. It seems important, therefore, to remind universities and governments of their importance.

In Manitoba, we are fortunate to have a solid research base from which to draw. But there are several questions of concern to Manitobans which remain to be addressed. These questions may be formulated by professionals working with the elderly, by the individual or by researchers. There is a need for continued efforts at collaboration between the researchers and the community to enhance our understanding of aging.

WORKERS WITH OLDER PERSONS

Most service-centered education takes the form of certification or diploma recognition. While there is some pressure to develop degree programs in gerontology, this idea does not have wide spread acceptance among scholars, most of whom do not recognize gerontology as having a language and a methodology of its own distinct from other disciplines in which it is now a speciality.

In view of the expansion in services to older citizens, an increasing number of workers are providing these services without training. Employers, as a group, have not given support to training with appropriate rewards and promotions for the trained. This devalues training and discourages workers from taking specialized gerontological courses.

Another critical struggle of principle surrounds the content and purpose of gerontological education in the universities. Most university educators feel that the function of the university is to foster understanding and to develop in the student the capacity to solve problems. Students, on the other hand, often expect their educators to present them with answers and solutions to the problems they face. At issue is the content of a comprehensive curriculum on aging.

A brief review of the Manitoba situation reveals that many faculties and schools at the three major universities offer courses related to aging. Certificate programs in gerontology exist at the University of Manitoba and Assiniboine Community College. The Centre on Aging at the University of Manitoba serves as catalyst and promoter for research and education in gerontology. The University of Manitoba's Faculty of Medicine has been a leader in the teaching of geriatric medicine in North America. More recently, the Royal College of Physicians and Surgeons of Canada has recognized the University of Manitoba for fellowship training in geriatric medicine.

WORKERS WITH OLDER PERSONS

An encouraging development in training of service workers is the Gerontology Community Worker Training Program as part of the Core Area Initiative Program, and the training of activity workers, homemakers, and health aides at Red River Community College. The Manitoba Association on Gerontology offers numerous educational oppportunities to members and to the general public.

Issues for Discussion

Looking to the future, there are some questions that require study and answers:

- What kind and how many professionals or para-professionals will be needed to provide health and social services to an increasing number of older persons?
- What is the role of the older adult in training and educating workers?
- Should those working with aged persons be required to have a degree, diploma or certificate?
- Should credit for experience be granted in these educational programs?
- How should academic education be balanced against applied training?
- Should there be articulation between certificates, diplomas and degrees?
- Does the multi-disciplinary approach to training need to be re-evaluated?
- What are the research priorities in gerontology/geriatrics in Manitoba?
- What sources of funding exist for education and research in gerontology/geriatrics?

Workshop No. 13

Subject: **WORKERS WITH OLDER PEOPLE**

1. The absence of coordinated training programs for those working with the elderly was a major concern for the five groups participating in this workshop. Specific training in aspects of aging was seen as necessary for all classes of worker coming in contact with older people; professionals, para-professionals, aides, orderlies, homemakers and relatives.

   Although education for those working with older people is improving and expanding it was still seen to be lacking both in quality and quantity of training programs.

2. Training was seen as necessary for seniors themselves as well as for workers with seniors. This should occur in employer-sponsored, pre-retirement training programs. It was seen as important that there be a balance between freedom of personal choice and the need to possess information on the aging process and background on the services available to older citizens. It should occur in other settings such as service centres.

3. Seniors themselves were seen to be an essential component of all forms of education about aging. All groups advocated that the Manitoba Council on Aging actively promote the involvement of older men and women in training programs for those working with seniors in all settings.

4. Education in the aging process is still relatively new and some doubt remains about the best methods of providing effective training to workers. Some participants were unsure whether gerontology should be a degree course or should consist of optional courses in other disciplines. Most agreed that several approaches were required: degree courses in gerontology, on-the-job training, mandatory minimal standards of training for all those in contact with the elderly, options in other disciplines such as nursing and social work and education for older adults taking care of older relatives. Most agreed on the need for central planning of the education process.

5. All groups stressed the need for more research on aging and the impact of aging on individual lifestyles.

6. All groups also agreed on the need for promotion programs to raise the status of those who work with the elderly.

WORKERS WITH OLDER PEOPLE

RECOMMENDATIONS:

13.1 That the Manitoba Council on Aging advocate the involvement of older adults in the planning and implementation of educational and training programs for persons who work or will work, directly or indirectly, with older persons.

Action: Federal Government - Health and Welfare Canada, Veterans Affairs Canada, Secretary of State

Provincial Government - Education - Post-secondary Adult Continuing Education, Health - Office of Continuing Care, Manitoba Health Services Commission, Manitoba Council on Aging, Provincial Gerontologist

Non-Governmental - Manitoba Society of Seniors, Creative Retirement Manitoba, Manitoba Association on Gerontology, universities and colleges - continuing education, all relevant faculties, Centre on Aging

13.2 That a committee, coordinated by the Provincial Gerontologist, be established by September 1, 1986, to identify the current educational and training resources and the current educational and training needs for professionals, paraprofessionals, bureaucrats, administrators, volunteers, senior citizens, family members and the general public.

Action: Provincial Government - Education - Post-secondary Adult Continuing Education, Provincial Gerontologist

Non-Governmental - Manitoba Society of Seniors, Manitoba Association on Gerontology, Volunteer Centre of Winnipeg

WORKERS WITH OLDER PEOPLE

RECOMMENDATIONS:

13.3 That a survey of educational needs and resources be undertaken by the Centre on Aging, University of Manitoba, for professionals and paraprofessionals; by the Provincial Gerontologist for employees and administrators in the Government of Manitoba; the Volunteer Centre of Winnipeg for volunteers; the Manitoba Society of Seniors for senior citizens; the Office of Continuing Care and Manitoba Health for family members; and the Manitoba Association on Gerontology for the general public; the results to be coordinated by the Provincial Gerontologist and referred to the Premier of Manitoba, the Social Resources Committee of Cabinet, organizations responsible for the education of their constituencies, and appropriate federal agencies, (Health and Welfare Canada, Veterans Affairs Canada, Secretary of State) and that an interim report be completed by September 1, 1986.

Action:

Federal Government - Health and Welfare Canada, Veterans Affairs Canada, Secretary of State

Provincial Government - Education - Post-secondary Adult Continuing Education, Health, Manitoba Health Services Commission, Manitoba Council on Aging, Provincial Gerontologist

Non-Governmental - Manitoba Society of Seniors, Manitoba Association on Gerontology, Centre on Aging, Volunteer Centre of Winnipeg

WORKERS WITH OLDER PEOPLE

RECOMMENDATIONS:

13.4 That an undergraduate interdisciplinary course in gerontology be established at the University of Manitoba to develop a cadre of trained professionals to work with the elderly and to train others working with the elderly.

Action:	Provincial Government	- Education - Post-secondary Adult Continuing Education
	Non-Governmental	- Manitoba Association on Gerontology, universities and colleges - professional schools and faculties

13.5 That specialized training programs focussing on the special needs of the elderly be available to all those working with the elderly, including volunteers; and that professional undergraduate and community college curricula be altered to reflect demographic change, with emphasis on diseases of aging such as Alzheimers.

Action:	Provincial Government	- Education - Post-secondary Adult Continuing Education, Health - Office of Continuing Care, Manitoba Health Services Commission, Manitoba Council on Aging
	Non-Governmental	- Manitoba Society of Seniors, Creative Retirement Manitoba, Manitoba Association on Gerontology, universities and colleges - continuing education, all relevant colleges and faculties, Manitoba Health Organizations Inc., Volunteer Centre of Winnipeg

WORKERS WITH OLDER PEOPLE

RECOMMENDATIONS:

13.6 That minimum standards of competency be established covering all health care workers, including aides and homemakers.

Action: Federal Government - Health and Welfare Canada - Health Services
Provincial Government - Health - Office of Continuing Care, Manitoba Health Services Commission

13.7 Whereas the need for on-site education is recognized, that employers of facilities providing care to the elderly be charged with mandatory responsibility for ongoing staff development of workers and that a regular evaluation of workers occur.

Action: Federal Government - Health and Welfare Canada, New Horizons
Provincial Government - Education - Post-secondary Adult Continuing Education, Health, Manitoba Council on Aging
Non-Governmental - Manitoba Association on Gerontology, universities and colleges - continuing education, all relevant colleges and faculties
Others - All employers
Support: Provincial Government - Provincial Gerontologist
Non-Governmental - Manitoba Society of Seniors

WORKERS WITH OLDER PEOPLE

RECOMMENDATIONS:

13.8 **That workers' specialized training and education courses be recognized financially as an added incentive for workers to improve their skills and knowledge.**

Action: Federal Government - Health and Welfare Canada, New Horizons
Provincial Government - Education - Post-secondary Adult Continuing Education, Health, Manitoba Health Services Commission
Non-Governmental - Manitoba Association on Gerontology, Manitoba Health Organizations Inc.
Support: Provincial Government - Manitoba Council on Aging
Non-Governmental - Manitoba Society of Seniors

13.9 **That gerontological courses be made more readily available outside of Winnipeg.**

Action: Provincial Government - Education - Post-secondary Adult Continuing Education
Non-Governmental - Canadian Association on Gerontology, universities and colleges - continuing education

13.10 **That a tool, or tools, be developed to measure the attributes of character and temperament required by a successful worker with the elderly.**

Action: Non-Governmental - Manitoba Association on Gerontology, Centre on Aging

WORKERS WITH OLDER PEOPLE

RECOMMENDATIONS:

13.11 That a concerted effort be made by all concerned to improve the image and elevate the status of those who work with the elderly and of the elderly themselves.

Action: Provincial Government - Education - Post-secondary Adult Continuing Education
Non-Governmental - Manitoba Association on Gerontology, universities and colleges - continuing education, all professional schools and faculties

13.12 That retirement be recognized as a stage of life requiring preparation and training, with employers providing retirement planning programs early enough to make planning feasible.

Action: Federal Government - Labour Canada
Provincial Government - Labour, Workplace Health and Safety
Non-Governmental - Manitoba Society of Seniors, Winnipeg Chamber of Commerce

13.13 That the Seniors Guide Book, in larger print be offered to all persons applying for Old Age Security pensions.

Action: Federal Government - Health and Welfare Canada - Income Security, Labour Canada
Provincial Government - Labour

WORKERS WITH OLDER PEOPLE

RECOMMENDATIONS:

13.14 That basic gerontological information be incorporated into secondary education to offer students a more balanced knowledge of present society.

Action: Provincial Government - Education - Kindergarten to 12
Non-Governmental - Creative Retirement Manitoba, Volunteer Centre of Winnipeg

13.15 That the family be recognized as the primary support of older men and women in the community and be given credit for its contribution by the community.

Action: Federal Government - Health and Welfare Canada
Provincial Government - Education, Health - Services to Seniors, Health Promotion
Non-Governmental - Manitoba Association on Gerontology

HOUSING AND LIVING ARRANGEMENTS OF OLDER PERSONS

Increased awareness of the needs of older people has resulted in considerable attention being devoted to issues concerning housing and living arrangements. These issues go beyond mere shelter to include concerns such as affordability, physical security, housing and community design, accessibility to support services, proximity to family and friends, as well as issues involving privacy, independence and autonomy. The diversity of need found among seniors demands an expansion in the range of choices available.

The sharp increases over the last few decades in the number and proportion of older people living alone has alerted reseachers and policy makers to the important implications of this change. The absolute number of older Canadians living in single-person household increased almost four times between 1951 and 1981. The 1981 Canadian Census indicates that about 32 percent of women 65 and over live alone, while about 14 percent of men 65 and over do so. The likelihood of living alone is considerably higher for certain sub-groups, particularly older widows who often have reduced incomes, health limitations and a decrease in friendships.

Living Arrangements of Older Persons

Approximately one-third of the increase in elderly people living alone over the last 20 years has been due to demographic changes in the population. This suggests that there are other reasons for this phenomenon. While these reasons are not clearly understood, one may be greater financial security due to Old Age Security and the Guaranteed Income Supplement offering more living-arrangement options. Another may be the widespread preference for privacy and independence, the supply of housing suitable for persons choosing to live alone, improved health and the availability of services and modern conveniences which make living alone feasible. Also, loss of status, associated with old age and differences in lifestyles across generations, has contributed to segregation of the aged. Over the next several decades, lower fertility rates will have the effect of decreasing the number of children with whom an older person might live.

HOUSING AND LIVING ARRANGEMENTS

The trend among the elderly towards separate living can directly affect the intensity and quality of informal care available from family and friends and, therefore, influence the demand for support services in the community. Furthermore, living arrangement choices appear to have a bearing upon a number of issues relating to proper levels of emotional and material support necessary for healthy living at older ages.

A recent needs survey among a sample of 770 persons in London, Ontario concluded that, while the majority of elderly persons seem satisfied with the way they live, women 75 and over were relatively less satisfied than other groups.

The older women were more likely to live alone in apartments, or in low-income households and have major health problems. Most recommendations in the report related to older widows due to the higher level of need expressed by this group. From a demographic perspective, this is important because current population projections suggest that the fastest growing group of older Canadians will be those 75 and over. This suggests an increased demand for a variety of services and housing arrangements that allows elderly persons to remain in the community in spite of such constraints as ill health, low income and limited opportunities for social interaction.

Housing And Older Population

The significant increase in older persons living alone would suggest a need to examine the supply of affordable single apartments. Among all Canadians who pay more than 25 percent of their total income for housing, the elderly constitute a very substantial proportion. The housing question is, therefore, of primary importance to the elderly and to those professionals concerned for their comfort and well being.

HOUSING AND LIVING ARRANGEMENTS

Those involved in housing and community design will be required to provide an adequate range of choices for a diverse and increasing elderly population. Recently developed experimental housing projects have attempted to fulfill these varied needs. Many are government subsidized, although there has been a shift away from federal-provincial public housing programs to those sponsored by municipalities, housing companies, property investors and cooperative associations.

Workshop No. 14

Subject: **HOUSING AND LIVING ARRANGEMENTS**

1. Three groups discussed this topic each agreeing that optimum housing and living arrangements for the elderly should meet four needs. The first three, the need for housing to be affordable, to be physiologically appropriate, and to satisfy psychosocial needs, apply to all age groups. The fourth, support services, applies only to the elderly and handicapped.

2. There was consensus that a range of living arrangements to suit varying preferences and needs should be available. This need for variety could be expected to increase as the present generation of younger adults becomes old.

3. Particular types of housing now available were discussed; seniors living in the community in their own homes, senior citizen housing and personal care homes. Each mode was seen to be flawed and in need of change, amendment, and improvement.

4. There was agreement on the view that there are benefits for seniors who choose to remain in their own homes in the community. Currently about 60 percent of Manitoba seniors own their own homes. However, to improve living conditions for these seniors and make independence more attractive to others, an expansion was needed of such support services as meals, housekeeping, home repair, transportation and escort services. Some consideration should also be given to arrangements that would facilitate equity transfer through home exchange, and support for alterations so that homes could be shared or converted to flats for elders. To facilitate the decision of seniors to remain in their own homes, further examination of tax credits or tax deferrals was suggested.

5. A general feeling was expressed that there is a large network of organizations, social and government services, not being fully exploited. Advertising and other promotion strategies should be adopted to disseminate information about these services and thus help to eliminate inconsistencies. In the light of preferences for privacy, independence and autonomy, workshop participants felt that seniors should be encouraged and supported to form community-based self-help groups and other organizations so that their needs, preferences, and legitimate consumer demands are met more directly.

6. Senior citizen housing was judged to be flawed in design, not adequately providing for the needs of the elderly. The consensus was that seniors should become more actively involved in planning and design and that schools of architecture, architectural firms, builders, interior designers and their professional associations should be encouraged to make themselves more aware of seniors' needs by consulting with seniors. Design features that have been proved dysfunctional are still being repeated such as inadequate wheelchair access, door sizes and step dimensions; improper placement of switches, telephone outlets, cupboards and bathroom rails. These and other shortcomings could be changed and amended with more consultation between representatives of the professional groups involved, the consumers and health care workers. Lack of color, style, texture, contrast and variety was particularly noticeable in the design and decoration of personal care homes, factors which can be depressing and psychologically damaging to residents. Levels of care in personal care homes have risen during the last 10 years so that many residents must receive care bordering on the hospital level. Although this might affect renovations, a more homelike environment could still be created with appropriate consultation.

7. One group agreed that the current federal policy for non-residential space in publicly-supported housing for seniors should be re-examined with a view to developing more social and recreational space to accommodate seniors from the community. Additional capital costs should be tax supported and operational costs supported by a combination of public money and voluntary agency support.

HOUSING AND LIVING ARRANGEMENTS

RECOMMENDATIONS:

14.1 That the Canada Mortgage and Housing Corporation and Manitoba Housing reassess building and design specifications for senior citizens' housing with particular reference to square-footage maximums, location of projects and other specific design features needed to broaden the range of alternatives available to older persons, post construction evaluation to be an expectation of projects.

Action: Federal Government - Canada Mortgage and Housing Corp.
Provincial Government - Manitoba Council on Aging, Housing
Non-Governmental - Manitoba Society of Seniors, University of Manitoba - School of Architecture, Centre on Aging, Manitoba Association of Social Housing Managers

14.2 That current government policy for non-residential space in non-profit housing be re-examined with a view to possible development of social and recreational space for seniors from the community.

Action: Federal Government - Canada Mortgage and Housing Corp.
Provincial Government - Housing
Non-Governmental - Non-profit housing sponsors, Manitoba Association of Social Housing Managers

Support: Provincial Government - Manitoba Council on Aging
Non-Governmental - Manitoba Society of Seniors

HOUSING AND LIVING ARRANGEMENTS

RECOMMENDATIONS:

14.3 That the Schools of Architecture and Interior Design, University of Manitoba include in their curricula information about the specific housing needs of older Manitobans.

Action: Non-Governmental - University of Manitoba - School of Architecture and Department of Interior Design

14.4 That professional associations of builders, architects and interior designers be urged to consider the specific needs of semi-frail, older Manitobans, to consult with senior citizens before designing senior citizen housing and to allow senior consumers to evaluate plans and designs.

Action: Provincial Government - Manitoba Council on Aging
Non-Governmental - Manitoba Society of Seniors, Manitoba Association on Gerontology, senior centres, Manitoba Association of Architects, University of Manitoba - Department of Interior Design

14.5 That the National Advisory Council on Aging relay recommendation Number three to the National Association of Builders, the Manitoba Association of Architects and the Department of Interior Design.

Action: Federal Government - National Advisory Council on Aging
Provincial Government - Manitoba Council on Aging
Non-Governmental - National Association of Builders, Manitoba Association of Architects

RECOMMENDATIONS:

14.6 **That the National Advisory Council on Aging support a survey of housing needs and consumer demands of present and future Canadian elderly, particularly those in middle income brackets, and convey the results of this survey to appropriate government departments, schools of architecture and interior design, and to professional associations of builders, architects, and interior designers.**

Action: Federal Government - National Advisory Council on Aging
Canada Mortgage and Housing Corp.
Provincial Government - Housing
Non-Governmental - Centre on Aging
Support: Provincial Government - Manitoba Council on Aging
Non-Governmental - Manitoba Society of Seniors, Manitoba Association on Gerontology

14.7 **That a pool of resource persons be assembled throughout the province, perhaps by the Manitoba Society of Seniors, to advise on senior housing; this pool to include senior consumers, project managers, gerontologists, architects, contractors, engineers and interior designers.**

Action: Provincial Government - Manitoba Council on Aging, Housing
Non-Governmental - Age and Opporunity Centre, Inc., Manitoba Society of Seniors, Manitoba Association on Gerontology

HOUSING AND LIVING ARRANGEMENTS

RECOMMENDATIONS:

14.8 That home owners be encouraged to stay in their own homes by the development of a wider range of options to facilitate this choice such as home sharing, foster homes, granny flats, home equity plans, renovation and retrofit assistance, an expansion of the Residential Renovation Assistance Program for all older homeowners in the form of tax relief credits, deferrals or rebates, handyman service, personal support services and transportation.

Action: Federal Government - Canada Mortgage and Housing Corp., Finance
Provincial Government - Health - Government Liaison Officers, Manitoba Council on Aging, Housing, Highways, Finance, Manitoba Telephone System, Interagency Committee on Support Services to Seniors
Non-Governmental - Centre on Aging
Support: Non-Governmental - Manitoba Society of Seniors

14.9 That the appropriate government authorities and the Manitoba Society of Seniors monitor the progress of new developments such as the shared housing project funded by New Horizons in British Columbia and also assess the feasibility of resources such as the conversion of closed schools.

Action: Federal Government - New Horizons
Provincial Government - Manitoba Council on Aging
Non-Governmental - Manitoba Society of Seniors, Centre on Aging

RECOMMENDATIONS:

14.10 That the Manitoba Society of Seniors provide its membership with more extensive consumer information about available seniors' housing.

Action: Federal Government - Canada Mortgage and Housing Corp.
Provincial Government - Housing
Non-Governmental - Age and Opportunity Centre, Inc., Manitoba Society of Seniors

14.11 That the feasibility of renovating available resources for seniors' housing, such as closed schools, be explored.

Action: Federal Government - Canada Mortgage and Housing Corp.
Provincial Government - Education, Housing
Non-Governmental - Manitoba Association of School Trustees
Other - School boards

PENSIONS AND INCOME SECURITY

Over the last 30 years, Canadians have achieved enviable progress in the development of their pension system. Through the endeavours of business, labour and the federal and provincial governments, a network of public and private pension plans has been created that provides Canadians with a a substantial level of benefits. Yet, despite considerable improvements, many Canadians can still expect a major decline in living standards when they retire.

Historically, Canadian pension policy goals have been to guarantee a basic income for those without resources of their own; to assure fair opportunities for Canadians to provide for their retirement years; and to enable Canadians to avoid serious disruption in their living standards on retirement.

In 1927 Canada's first public pension legislation, the Old Age Pensions Act, was introduced to provide a minimum level of income to senior citizens in need. In the early 1950s the Old Age Security Program was made universally available, to give all Canadians a basic retirement income on which they could count. In 1957 a concern for fairness toward Canadians who did not have the opportunity to participate in pension plans at their place of work led to the introduction of Registered Retirement Savings Plans.

All three of these fundamental goals continued to guide the initiatives of the mid-1960s. The Canada and Quebec Plans and the Guaranteed Income Supplement were adopted, increasing the rate of income replacement and expanding the basic income roles of both public, contributory and tax-based programs. At the same time, the Government of Canada and several provinces cooperated in establishing a substantially uniform system of regulation of employer-sponsored plans. Within this framework, 15,000 employer-sponsored plans were developed. All of these measures have contributed to the well-being of elderly Canadians. However, in light of new economic circumstances, changing attitudes and rapidly evolving social patterns, our retirement system has shown some shortcomings. Some of the more serious are:

PENSIONS AND INCOME SECURITY

- Many elderly people, especially those who are single, never married, widowed or divorced, have incomes that are below the poverty line. This is particularly marked among single women. Inflation has eroded the value of employer-sponsored pensions for many Canadians who are now retired. It has also eroded the value of benefits being accumulated by employees who are still at work. Many employees will ultimately receive little pension income, even after many years of work, because they do not stay in one job long enough to acquire vested benefits. Even if vested benefits are acquired, pensions are generally not portable when an employee changes jobs.

- A significant number of middle-income working people experience sharp declines in their living standards when they retire, in large measure because employer-sponsored pension plans are not available, because they lack sufficient opportunity to accumulate retirement savings, or because pension plan benefits are not large enough. Women are inequitably treated throughout much of the retirement-income system. These shortcomings show that pension plans must respond to change in the social and economic environment and they must seek to anticipate future trends.

In family life, traditional roles and responsibilities have changed dramatically. More married women are now earning incomes. Marriage breakdown has become more widespread. On the economic level, inflation and a protracted period of low economic growth have added a new dimension of uncertainty about the value of savings and pension benefits.

There has also been a shift in attitudes toward retirement. Not so long ago, people worked as long as they could, often until they died. Retirement was regarded as a misfortune. Today, many people look upon their later years as an agreeable part of life, to be planned for and enjoyed.

PENSIONS AND INCOME SECURITY

In its evolution and growth, Canada's retirement income system has reflected a public desire for a balance between public pensions and employer-sponsored plans, between universal mandatory pensions and the personal responsibility of Canadians to provide for their individual needs. If the balance is to be maintained, it is clear that reforms in both public and private pension plans are required.

The preceding facts on the pension story in Canada come from the government publication, Better Pensions for Canadians. By 2001, one Canadian in five will be elderly and of these, six of every 10 will be female. The elderly population is expected to reach 3.5 million or 12 percent of the total population by that year. In other words, the economic security of the aged must be considered under the headings present and future.

In spite of the progress that has been made in pension reforms over the past 30 years, the goal of income security is still only a dream for many Canadians. The achievement of that much-to-be-desired state will depend on what we do now to assist in pension and income security reforms. If the aged are to enjoy true economic security certain problems must be addressed.

An astonishing number of Canada's aged are poor, living below the poverty line. In 1981, many actually lived on less than $5,000 a year. Statistics show that one in four Canadians lives on a low income and the majority of these are women. In 1979, 59.5 percent of single, aged women (divorced, widowed, separated, never married) had incomes below the poverty line. In 1981, the proportion had risen to 60.4 percent and for women over 70, to 61.6 percent. The economic situation of elderly men seems to be improving so the conclusion is that poverty in old age is very much a woman's problem and is becoming more so every year.

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One source of the problem is dependent wives who became single through the death of a spouse, divorce or separation and have no sure income except Old Age Security benefits and the Guaranteed Income Supplement, with perhaps some benefits from the Canada Pension Plan. In Manitoba, as well as several other provinces and the territories, pensioners without employment pension plans may be eligible for a provincial benefit. In Manitoba, this supplement is known as the Manitoba Supplement for Pensioners. The attention of pension reformers needs to be directed to this group.

One half of the 2.4 million aged persons who receive Old Age Security also receive the Guaranteed Income Supplement. One quarter of these 1.2 million Canadians qualify for the maximum amount because they have no other source of income. This would seem to suggest that many elderly receiving the Guaranteed Income Supplement must have been middle-income earners before retirement or widowhood. Most employer-sponsored pension plans are not indexed. In times of inflation, such as the previous decade, pension benefit recipients find their incomes seriously diminished. Some degree of indexing would seem necessary to protect the economic security of these pensioners.

Private pension plans are seriously flawed and exclude many workers, particularly women, lower wage earners, part-time workers and many in the private sector. They contribute only a small portion (about 11 percent) to the income of the aged. Over the past 20 years, the major role in improving income security of the elderly has been played by the public pension system, federal and provincial income security programs, and the Canada and Quebec Pension Plans. The private sector is being urged by government to do more. The recent changes to Manitoba's Pension Benefit Act have been summarized in a separate document for the Fourth Manitoba Conference on Aging.

PENSIONS AND INCOME SECURITY

The statement has been made that "an adequate retirement income cannot guarantee a happy old age, but the absence of it can almost guarantee the opposite". The old, who well know the truth of this statement, need to spread the message among the young to develop in them an awareness of the retirement period. The Registered Home Owners Plan has encouraged many young people to save for their first house. Perhaps the Registered Retirement Savings Plan could be promoted more vigorously to induce them to invest and ensure an adequate retirement income.

Young women must be urged, and helped, to prepare themselves for better-paying jobs. As well, when prepared, they must be given equality of opportunity. Only by bettering their incomes can women inprove their pension opportunities. Educators, parents and employers must be involved in improving the employment situation for women.

No discussion of economic security for the aged can exclude the part played by our national health insurance system. This affords security to all elderly Canadians. Another economic asset includes the numerous social services delivered by the three levels of government: federal, provincial and municipal. Elderly Canadians are fortunate to be aging in a country where the consensus is that no one should be left destitute. Among provinces Manitoba is one of the most active in providing services and support to the aged.

Workshop No. 15

Subject: **PENSIONS AND INCOME SECURITY**

1. Participants agreed that the effectiveness of our retirement income system depends on a proper balance of social policy, individual initiative and employee-employer arrangements. Although the existing multi-tiered system could be improved to reflect more adequately current needs and concerns, neither the introduction of a new program nor substantial reform of existing programs is considered necessary.

2. With respect to contributory programs for wage earners, participants expressed optimism that the commitment of governments to pension reform will make the future pension prospects of today's workers much brighter. In this connection, the importance of adequate pension-related and other savings incentives within the taxation system was noted.

3. Concern focussed on the financial hardships experienced by those who have little or no attachment to the reformed pension system. Included in this group are the retired, those near retirement age, in particular, single women and non-earners. While there were differences of opinion on means by which these improvements in income should be achieved, there was consensus that society could afford to ensure an adequate standard of retirement income for all Canadians. A preference was also expressed for the continuation of universal benefits, subject to being taxed back, over the alternative; a selective system based on means testing.

4. Most participants agreed on the need to improve early retirement policies whether early retirement was voluntary or involuntary. This applies particularly to those who retire early because of illness and die leaving widows but insufficient income. Although widows allowance helps some, many widows, elderly and young elderly, are living below the poverty line.

5. Only one-third of Canadian workers are protected by company pension plans. Small companies often have no plan. Most hourly part-time workers do not have plans and the view was expressed that some mechanism should exist to allow these workers to set up plans.

6. Among those who felt present pension benefits to be inadequate, suggested solutions were an increase in general contributions and raising the level of Old Age Security benefits.

7. While there was no consensus, a significant number of participants expressed the view that a wife has a right to a pension regardless of the husband's selection of pension options.

8. Many participants expressed the view that it is necessary to amend the regulations governing Registered Retirement Savings Plans. The range of options available at age 71 should be expanded. Many seniors feel they would like to continue contributing after age 71 and others do not feel secure investing in a trust company or insurance company annuity.

9. All groups participating in this workshop emphasized the desirability of seniors teaching young working Canadians about the need for financial planning for retirement.

10. Participants commended the Government of Canada for Medicare, and the Government of Manitoba for its occupational pension reforms of January, 1984. The hope was expressed that Manitoba's progressive legislation would benefit pensioners in other Canadian provinces.

PENSIONS AND INCOME SECURITY

RECOMMENDATIONS:

15.1 That efforts be made to encourage standardization of employment pension plan formulae, and in particular, plans which feature joint employee and employer contributions.

Action: Federal Government - Health and Welfare Canada, Finance, Labour Canada
Provincial Government- Labour, Pension Commission
Non-Governmental - Canadian Association of Pension Supervisory Authorities

15.2 That pension-related tax incentives be reviewed, in terms of their overall adequacy to determine how lower income earners might be granted more beneficial access to them.

Action: Federal Government - Finance
Provincial Government- Finance

15.3 That additional Registered Retirement Savings Plan deregistration options, subject to more favourable tax treatment, be developed such as lump sum cash withdrawals at age 71, subject to the career average marginal tax rate, and not the top marginal rate that would otherwise be in effect.

Action: Federal Government - Finance
Provincial Government- Finance, Pension Commission

PENSIONS AND INCOME SECURITY

RECOMMENDATIONS:

15.4 That every individual have pension rights, and a minimum but adequate level of post-retirement income, irrespective of marital status or attachment to the labour market, or age of retirement.

Action: Federal Government - Health and Welfare Canada - Income Security, Finance
Provincial Government- Finance, Employment and Economic Security

15.5 That a basic income floor be made available on a universal basis, irrespective of income and that a reformed personal income tax system be instituted to ensure fair allocation of these benefits.

Action: Federal Government - Health and Welfare Canada - Income Security, Finance
Provincial Government- Finance, Employment and Economic Security

15.6 That target groups in financial need, such as single women aged 60 to 64, be identified and their incomes upgraded.

Action: Federal Government - Health and Welfare Canada - Income Security, Finance
Provincial Government- Finance, Pension Commission, Employment and Economic Security

RECOMMENDATIONS:

15.7 That benefits payable through Old Age Security, Canada Pension Plan and Guaranteed Income Supplement be updated to address current needs for a socially acceptable standard income.

Action: Federal Government - Health and Welfare Canada - Income Security, Finance
Provincial Government- Finance, Employment and Economic Security

15.8 That seniors, the organizations representing them and government share responsibility to see that all seniors are provided with detailed explanations of current legislation governing benefits available.

Action: Federal Government - Health and Welfare Canada - Income Security
Provincial Government- Pension Commission
Non-Governmental - Age and Opportunity Centre, Inc., Manitoba Society of Seniors, Senior Citizens' Job Bureau, public media

15.9 That seniors' organizations be mobilized as a resource to acquaint young, working Canadians with the importance of financial planning for retirement.

Action: Non-Governmental - Age and Opportunity Centre, Inc., Manitoba Society of Seniors, Creative Retirement Manitoba, other seniors' organizations

PENSIONS AND INCOME SECURITY

RECOMMENDATIONS:

15.10 That Government insure fair opportunities and adequate incomes for retired Canadians adhering to the universality of indexed Old Age Security benefits.

Action: Federal Government - Health and Welfare Canada, Canada Mortgage and Housing Corp.

MEDIA IMAGES OF THE OLDER GENERATION

Much can be done by older men and women themselves to demolish false stereotypes of aging and to change the media image of the elderly from a negative one to a positive one.

A stereotyped and inaccurate image of the elderly has been created, largely by the entertainment media (radio, television, moving pictures) but is often reinforced in newspapers and magazines. Articles, news reports and entertainment, particularly comedy, often depict the elderly as decrepit, befuddled, senile, eccentric, annoying, destitute and unreasonable. Their moral principles are belittled as being old fashioned and out of date, and they are often shown as unwilling to adapt to changing standards.

While all of these may be true in selected examples, it is entirely false to depict an entire group in this way. Nevertheless, such an image is the one that seems to stick in the minds of the young and, by frequent repetition, be mistaken for truth.

Suggestions to Change the Image

How can this false image of the elderly be replaced with the truth, which is that the majority of men and women retain full possession of all their faculties, abilities and capacity for enjoyment, even to advanced ages?

Several media are involved in propagating the falsehood and each must be approached in the most appropriate way. Lessons can be learned in Manitoba and in other provinces in Canada from branches of the Action Committee on the Status of Women. The Manitoba Action Committee, for example, has an active media committee.

MEDIA IMAGES OF THE OLDER GENERATIONS

Advertisements, either in print or on television or radio, which depict women inaccurately or in a dependent and demeaning way, have their offending qualities drawn to the attention of those who publish them. The advertisers are then advised and copies of the correspondence are forwarded to the Advertising Council. The media committees functioning in each province are volunteers.

Similar media committees could be established by seniors' organizations and indeed have been in the U.S. by the Gray Panthers. This organization circulates a Media Watch Report Form to its members asking them to record and report on instances of misrepresentation in the mass media.

Instances of misrepresentation of women in the newspapers always draw letters to the editor from the Media Committee of the Manitoba Action Committee on the Status of Women and members of this committee frequently call on editors to explain why certain references are deemed offensive. This has been a singularly successful campaign, with newspaper editors rewriting stylebooks to eliminate sexism from news reporting and feature writing. A similar campaign based on evidence and conducted by seniors would doubtless meet with comparable success.

In the case of entertainment, where older and women are caricatured or presented inaccurately, letters to the producers of the program, the director, the stars, the radio or television network, the theatre and the sponsoring advertisers could be written. These letters need carry no threat of boycott. If enough letters are written and the offence is carefully documented, the producers, networks and advertisers will listen.

MEDIA IMAGES OF THE OLDER GENERATIONS

It is important for societies and organizations of older men and women to take the initiative in closing the generation gap:

- By establishing active media watch committees;
- By pressing for education in the schools to increase understanding of aging;
- By encouraging writers to be more sensitive to the feelings of older people. Senior groups could promote the award offered by a new international group, Understanding Aging, Inc. This award recognizes writers who portray older people in a realistic and non-stereotyped way.
- By constantly reminding the public that ageism, like sexism, is a discriminatory offence recognized by Human Rights Legislation;
- By enlistment of older volunteers as teachers' aides, tutors, craft demonstrators, guest speakers and narrators of local history.

Workshop No. 16

Subject: **MEDIA IMAGES OF THE OLDER GENERATION**

Participants in this workshop agreed that newspapers and advertising, print and television, often present a negative image of seniors. The image often relates old to poor and publicity about assistance programs, even though favourable to the concept of the programs, tends to reinforce the negative image of poor elderly. Some members of the medical profession seem to have accepted the negative image.

Participants in this workshop agreed that medical colleges should attempt to promote a positive image of older people in the eyes of medical students.

There was consensus that seniors themselves should attempt to improve the image of their age group by asking the media to cooperate through the agency of trained media committees. Offensive advertising practices might be amended by contact with advertisers and the Advertising Standards Council.

The group agreed that seniors, who are a heterogeneous group of individuals with varied skills, tastes, and physical abilities, should establish shared interests with people in younger age brackets as a means of presenting a true image.

An improved image of the personal care home would contribute to an improved image of the elderly.

MEDIA IMAGES OF THE OLDER GENERATION

RECOMMENDATION:

16.1 **That a committee be established composed of members of the Manitoba Society of Seniors and other groups interested in seniors' issues to develop an advertising program aimed at improving the images of aging.**

Action: Federal Government - Health and Welfare Canada
Provincial Government - Community Services - Communications, Manitoba Council on Aging
Non-Governmental - Age and Opportunity Centre, Inc., Manitoba Society of Seniors, Creative Retirement Manitoba, senior centres, other seniors' organizations, public media

16.2 **That seniors' groups consult the Manitoba Department of Education to develop curriculum components dealing with aging.**

Action: Federal Government - Health and Welfare Canada - Health Promotion
Provincial Government - Education - Post-secondary Adult Continuing Education, Creative Retirement Manitoba, Manitoba Association on Gerontology, universities and colleges - continuing education, other seniors' organizations
Other - School divisions

EMOTIONAL AND SPIRITUAL WELL BEING IN THE LIFE OF THE ELDERLY

Defining Terms

Emotional as used in this paper, refers to the inner responses and reactions of individuals to external stimuli and inner reflection. Responses and reactions are varied and encompass such opposites as pleasure or displeasure, love or hate, joy or sadness, elation or depression. The stimuli and reflection are also varied and can relate to an incident, a situation, words spoken, an attitude taken or some private thought or memory.

Spiritual, refers to that dimension of human experience which offers insight into the reality underlying and governing human life and well-being. The term encompasses a sense of the significance of human life as it relates to life around it and to that which transcends the physical and material and concerns ultimate truth and eternal values.

These emotional and spiritual dimensions have a strong influence on the health and well-being of the elderly. These are factors about which elderly persons themselves need to be more aware, along with family, friends and those in the helping professions. The ability to look behind responses and reactions makes it possible to deal more effectively with feelings and attitudes.

Emotional Content of Aging

At 60 or thereabouts, many people begin to feel the advance of old age. They realize that they will soon have to accept retirement from full employment and forego the benefits of a regular pay cheque. They will be classified as "old". They find themselves facing another year with mixed feelings. It takes time to become reconciled to the fact that they will soon be members of the age-segregated social category euphemistically called "senior citizens". The most devastating blow is the feeling that the good years have ended and that life as a productive and contributing member of society is over.

A reduced income might also cause uncertainty and anxiety, particularly if there has not been adequate financial provision for retirement. Worse than most losses is the impact of the loss of social position and status enjoyed during the active years of life. The approach of old age is, therefore, often a time of uncertainty and apprehension, of rejection and insecurity. Most people learn, sooner or later, to accept the realities and drawbacks and make the best of them.

Debilitating Factors

Most people must also face the fact that, with advancing years, they are neither as healthy nor as durable as they once were. The human constitution suffers from wear and tear and becomes less capable of withstanding disease and its effects. At first the symptoms are ignored. The expectation that they will go away leads the sufferer to discount their importance, or even to deny their existence. At some point the physician is consulted.

Everyone, in the end, recognizes the debilitating effects of aging and adjusts their lifestyle accordingly. In general, elderly people are fairly successful at living within their limitations and endure the aches and pains that afflict them with patience and good humour. In other words, they become successful at living with themselves and in accepting life as it is.

Combatting Loneliness

The advance of old age is often accompanied by loneliness. This is partly because regular hours of work no longer consume most of the day. It is partly due to the loss of contemporaries and the difficulty of making new friends. Younger family members, busy with their own lives, may appear to be neglecting the retired member. A lifetime of work may have proceeded at the expense of leisure, leaving the retired and aging person without experience at using inner resources and leisure in gratifying ways.

Ways can be found to combat loneliness such as changes or improvements in external conditions, in personal lifestyle, in inner orientation or a combination of all three factors.

Those religiously inclined find solace and comfort, meaning and purpose in religious observances, such as attending public worship, practicing private devotions or engaging in some form of nurturing the inner self. They experience a sense of belonging and feelings of security and peace that come from trust in God.

Just talking informally with another person, professional or lay person, can often help in understanding a personal problem, in seeing things in perspective and in gaining insight into the self. Relating the transitory and the temporal to the timeless and the eternal promotes an understanding of the individual's place in the scheme of life.

Fulfillment of Life's Purpose

As they age, most people indulge in frequent reflection on the past, wondering where the dreams of their youth have gone and whether or not they were fulfilled. Some people tend to regret missed opportunities, mistakes and failures, being severe in self-judgement.

The mentally robust person has learned to accept failure and to learn from it. However, most people are able to accept their mistakes and failures in the belief that they have done their best.

To the religious person, questions about the past may be more pointed. Such a person may wonder if he or she fulfilled God's purpose.

Old age can be and often is a rewarding and enjoyable period of life provided a person has reasonably good health, has sufficient income, has satisfying occupations, has opportunities for self-expression and happy human relationships. Life in the latter years can be the best years.

Workshop No. 17

Subject: **EMOTIONAL AND SPIRITUAL WELL BEING**

1. Participants in each of two sections of this workshop gave as their reasons for attending the need for information about emotional and spiritual well being and how to promote it, a wish to promote staff self development, the need to help employees in personal care homes and chronic hospitals deal with the grieving process, and the conviction that emotional and spiritual care is as important as physical care.

2. There was consensus that emotional well being was essential to physical health, but no clear view of how emotional well being could be achieved or even exactly what qualities pertain to it. Factors detracting from or contributing to emotional well being were discussed.

3. It was agreed that one of the principal factors contributing to emotional well being was a feeling of emotional security. This security was promoted by belonging, being active in volunteer work, helping others, or belonging to self-help groups of members with common problems. Certain programs were seen to be particularly effective in contributing to the emotional well being of those who took part, such as grandparenting programs, where older people have emotional contact with children. Stable family life was acknowledged to be a principal factor contributing to emotional well being. With this went strong feelings of support for others, a sense of personal worth, and autonomy, or the conviction that one is in charge of one's own life. These needs for affection, appreciation and power are universal and common to all ages.

4. No matter how confident and self-possessed the individual may be, however, loss of confidence usually follows retirement. This was seen by participants in the workshop as the single most traumatic issue that many individuals face. The change in status from breadwinner to pensioner is often a severe test of emotional strength. Some companies, recognizing the strong effects of this change, provide retiring employees with pre-retirement plannning sessions as an attempt to develop the skills needed to cope with financial change and to encourage the replacement of job activities with other interests. It was acknowledged that people deal with changes individually; a loss to some is a gain to others.

5. Other challenges to self worth and emotional well being are physical deterioration, loss of mobility, and grief over the death of relatives and friends. The onset of physical debility and loss of friends and relatives is a factor contributing to loneliness, sometimes self imposed. Workers with the elderly need to learn how to motivate people to deal with loneliness, workshop participants suggested. A severe shock to personal autonomy and self esteem is often the sense of loss, both of worth and possessions, accompanying transfer to a personal care home.

6. The elderly need to learn to deal with grief and loss, and health care workers in institutions and in the community must be equipped to help them. Most workshop participants felt that our social system is able to offer the elderly economic and health care protection but is not adequately prepared to deal with emotional and spiritual needs. One reason for this is that Canadians were seen to be ill-equipped, temperamentally, for open discussion of religion, most people finding it an embarrassing, contentious topic preferably avoided.

7. Nevertheless, staff in institutions need to be prepared to talk about religion to elderly or dying patients or residents if that is what the patients or residents wish. They must also be prepared to offer comfort and help to grieving or guilty families. It was suggested that skills in dealing with religion, spirituality and emotional needs of others could be developed by health care workers in seminars, workshops, retreats and encounter groups. Staff development was also seen as necessary to help health care workers to learn to allow people at risk to make their own choices and to ascertain the nature of an individual's spiritual and emotional needs.

EMOTIONAL AND SPIRITUAL WELL BEING

RECOMMENDATIONS:

17.1 **That more services be made available in the community to serve the emotional and spiritual needs of the elderly.**

Action: Provincial Government - Health - Services to Seniors, Manitoba Council on Aging
Non-Governmental - Manitoba Society of Seniors, Church organizations, Association of Pastoral Care, Council of Christians and Jews, Canadian Council of Churches

17.2 **That education be made available to all those working with the elderly to help them develop skills to assess and deal with the emotional and spiritual needs of the elderly.**

Action: Provincial Government - Education - Post-secondary Adult Continuing Education, Health, Manitoba Health Services Commission - Standards Division
Non-Governmental - Universities and colleges - all faculties and colleges, Manitoba Health Organizations Inc., church organizations, Association of Pastoral Care, Council of Christians and Jews, Canada Council of Churches

EMOTIONAL AND SPIRITUAL WELL BEING

RECOMMENDATIONS:

17.3 That more pre-retirement programs be developed along with more information about such programs and that such information be widely disseminated in rural areas.

Action: Federal Government - Health and Welfare Canada - Health Promotion
Provincial Government - Education - Post-secondary Adult Continuing Education, Community Services
Non-Governmental - Age and Opportunity Centre, Inc., Manitoba Society of Seniors, Creative Retirement Manitoba, universities and colleges - all faculties and colleges, Personnel Association of Winnipeg
Support: Non-Governmental - Public media

17.4 That the media and schools be asked to present a positive, realistic image of aging in general programming and advertising and that such presentation serve to make the public aware of the active participation of older Canadians in the affairs of the nation.

Action: Provincial Government - Education - Kindergarten to 12
Non-Governmental - Manitoba Association of School Trustees, public media
Other - School divisions

17.5 That recommendations 1, 2, 3 and 4 be forwarded to the Standards Divisions, Manitoba Health Services Commission; Manitoba Health, Office of Continuing Care; the Association of Pastoral Care, church organizations, educational facilities, seniors' volunteer groups; and personal care home staff.

VICTIMIZATION OF VULNERABLE ADULTS

Definitions

Vulnerable adults/elders are those who, by reason of advanced age, physical or mental infirmities, are substantially deprived of their capacity to care for themselves or manage their own affairs and must depend on others to assist them in caring for themselves or in managing their affairs.

Victimization of elderly persons is the consequence of a criminal act by a person other than a care provider. Elderly persons do not appear to be victims of crime any more often than members of other age groups. Although no Canadian studies provide accurate data, criminals most likely to victimize older adults are purse snatchers, thieves or perpetrators of fraud.

Background

In discussing elderly persons as victims of crime, however, it is essential to consider the effects of fear. This is an emotional component of crime shared by all actual and potential victims. But its effects are more powerful among the elderly population partly because any crime against an elderly person is contrary to the accepted social value system. This is intensified as elderly persons are less often able to defend themselves and are quick to recognize this fact.

U.S. studies show that fear of crime is second only to concern about adequate food and shelter among elderly residents of the U.S. Fear can cause social isolation particularly among elderly women who may become prisoners in their own homes.

VICTIMIZATION OF VULNERABLE ADULTS

Crime against elderly persons is liable to have severe financial consequences. Many elderly men and women live on low, fixed incomes making an economic loss seem greater than the same loss might seem to a member of the wage-earning group.

If physical injury occurs this is likely to have more serious effects on an elderly person than on a younger one. An injury that might be relatively minor to a young person might, to an older one, involve prolonged recovery and even permanent disability.

Crime against the elderly is more common in urban than in rural areas. This restricts living accommodation choices in cities because most elderly people wish to live close to others. Because the elderly are, in general, a low-income group, they tend to live in the core areas of cities where crime is likely to be more prevalent. Loneliness among elderly persons, especially single women, makes them easy prey to hucksters and con-artists.

The Age and Opportunity Centre, Inc. has sponsored an older victim support service in Winnipeg since 1982. The City of Winnipeg Police Department forwards a list of all victims of reported crime who are 60 years of age or over. This list is forwarded on a daily basis with approximately 125 - 150 new victims referred each month. The Age and Opportunity Centre staff and volunteers contact all of the victims to offer emotional support, information about the police investigation and court procedures. They may help with preparing insurance claims, with applying to the Criminal Injuries Compensation Board, in repairing doors, windows and locks and by referring victims to other services, as needed.

VICTIMIZATION OF VULNERABLE ADULTS

Elderly people are also easy victims because they are likely to live alone; because they have minimal physical strength to resist criminal attack and are likely to have difficulty seeing or hearing. Obvious physical disabilities make them targets for particular crimes such as purse snatching by thieves who know the approximate arrival date of pension cheques.

Elderly women have been raped but there is no data on incidence or circumstances. Perhaps this is because the victims fear reprisals or believe themselves powerless before an indifferent legal system. Personal embarrassment with family and friends and discouragement from care providers may inhibit an elderly woman from reporting a rape. She may feel unable to communicate or may be intimidated by the reporting procedure.

The fact of being aged sometimes results in the elderly population being victimized by the court system which exists to protect all persons. Reporting names, ages and addresses of elderly victims may lead to repeated robberies. The court system, confusing and intimidating, increases fear, particularly if the victim is forced to confront alleged criminal.

VICTIMIZATION OF VULNERABLE ADULTS

Points for Discussion

- The effects of crime or the fear of it might be reduced by educational programs directed to the elderly population.

- Services that minimize vulnerability might help, such as having cheques deposited directly in banks, providing escorts for transportation and shopping.

- A victim assistance program which counselled victims, offered emotional support, explained the court system and the procedure for pressing a charge could make a court procedure less threatening.

- Community organizations, elderly self-help groups and volunteer escorts could help.

- It might be feasible to press for court protection for elderly victims such as now applies to juvenile offenders - in camera hearings without publication of names and addresses.

- Advocates for elderly victims might request an accelerated trial date ruling for cases involving seniors to reduce the anxiety of a long interval before a court appearance.

- Security concerns should also be stressed in plans for elderly persons housing.

Workshop No. 18

Subject: **VICTIMZATION OF VULNERABLE ADULTS**

1. Included aqmong the participants in this workshop were representatives of Manitoba Health, Community Services and Corrections, the Winnipeg police department, the Alcoholism Foundation of Manitoba, the Health Sciences Centre, the Age and Opportunity Centre, Inc., and Meals on Wheels all of whom have a direct or contingent interest in older victims. Other participants had a more general concern for reducing the incidence of crime against older people and studying preventive measures to help them to guard against victimization. A few of the seniors present had been victims of crime.

2. Some participants objected to the fact that the background paper on the subject of this workshop omitted any reference to crimes committed by a care giver, placing these under the general heading of abuse for discussion by Workshp No. 8. This objection was resolved by general agreement to discuss crimes committed by strangers such as break and enter, purse snatching, fraud.

3. Background information was provided on the Community Relations Branch of the Winnipeg Police Department and suggested that the officers assigned to this branch were unable to keep up with the demand.

4. Details of the Older Victim Services Program at the Age and Opportunity Centre, Inc. were described which receives from the Winnipeg Police Department a daily list of victims over 60 - as many as 100-150 a month. All victims are contacted and offered emotional support, information about police investigations and court procedures and help filling out insurance claims, and applying for compensation to the Criminal Injuries Compensation Board. They are referred to other services as needed.

4. The main body of discussion following these presentations centered on education and prevention. Apartment blocks were seen to be vulnerable to criminal activity and it was felt that more should be done to attempt to prevent crime in these localities. It was suggested that tenants' associations could promote crime prevention programs. The groups agreed that landlords, especially the Winnipeg Regional Housing Authority, should do more to provide information on crime prevention to their tenants.

5. Participants felt that one group should be identified which could provide education services and suggest or initiate preventive strategies. This group would have to possess the authority to get cooperation from landlords' and tenants' associations, the Winnipeg Police Department and the R.C.M.P. Several groups were suggested such as the Manitoba Association on Gerontology, the Manitoba Council on Aging, New Horizons and the Age and Opportunity Centre, Inc. but all were rejected in favour of the Victim/Witness Advisory Board. Represented on this board are the Department of the Attorney General, Victim's Services, and the police. The board's jurisdiction is the entire province so that services could be provided and/or supervised in centres outside Winnipeg.

VICTIMIZATION OF VULNERABLE ADULTS

RECOMMENDATIONS:

18.1 **That the Victim/Witness Assistance Advisory Board expand its function to include the implementation and coordination of prevention and education programs throughout Manitoba; that the Manitoba Society of Seniors be represented on the advisory board; and that services available to older victims/witnesses be provided to all areas of Manitoba.**

Action: Federal Government - Justice, Royal Canadian Mounted Police,
Provincial Government - Attorney General - Victim/Witness Advisory Board
Non-Governmental - Age and Opportunity Centre, Inc., Manitoba Society of Seniors, public media
Other - City of Winnipeg Police, all police forces

18.2 **That seniors' groups and organizations be requested to identify the issues and suggest solutions to the problem of victimization of vulnerable adults and to keep on file up to date information on such matters as victim impact statements and victim's rights.**

Action: Provincial Government - Health - Services to Seniors
Non-Governmental - Age and Opportunity Centre, Inc., Manitoba Society of Seniors, senior centres, other seniors' organizations

VICTIMIZATION OF VULNERABLE ADULTS

RECOMMENDATIONS:

18.3 That police officers throughout Manitoba be trained in the special needs of elderly victims/witnesses.

Action: Federal Government - Justice, Royal Canadian Mounted Police
Non-Governmental - Age and Opportunity Centre, Inc.
Other - City of Winnipeg Police, Police Commission

18.4 That the City of Winnipeg Police and the Royal Canadian Mounted Police assign liaison officers to work exclusively with older victims/witnesses.

Action: Federal Government - Royal Canadian Mounted Police
Other - City of Winnipeg Police, all police forces

18.5 That the names and addresses of older victims be withheld from the media.

Action: Federal Government - Solicitor General
Provincial Government - Attorney General
Non-Governmental - Public media

SUPPORT SERVICES FOR OLDER PERSONS

In 1982, the Ministers of Health, Housing, and Community Services and Corrections of the Government of Manitoba, appointed an Inter-Agency Committee on Support Services in Housing for Elderly Persons.

Originally, this committee's deliberations were to be confined to issues and options available in the restricted environment of housing designed specifically for the elderly. Manitoba has a number of such complexes but planning for their construction, distribution and funding did not include the provision of support services.

As the population of older Manitobans has increased, particularly in the 75 and over age group, it has become apparent that such support services are required if tenants are to retain the rights and responsibilities which sustain functional capacity and self-esteem.

Ten years ago, the average age of entry to an elderly persons housing unit was 67. Today the average age of entry is 75 and the average age of tenants is 77.

Consultation between providers after its inception led the committee to the view that some seniors need support services wherever they live, either in their own houses or non-subsidized apartments or elsewhere in the community.

Support services include meals and/or the preparation of meals; housekeeping on a daily, weekly or occasional basis, transportation to and from the hospital, physician's office or for social and recreational activities and escort services when and if required. They also include telephone reassurance and friendly visiting to counteract isolation and anxiety.

SUPPORT SERVICES FOR OLDER PERSONS

Support services are already being provided in a fragmented way by individuals, community groups, boards, agencies and government. Tenants in some elderly persons housing complexes are assisted by the staff of a nearby or linked personal care home or co-located senior centres. Some complexes have regular staple grocery deliveries, and organized social events and security systems. Informal community committees have been formed at Portage la Prairie, Neepawa, Oakbank, and Dauphin.

After studying existing need and existing services, the Interagency Committee on Support Services Housing for Elderly Persons recommended to Cabinet that its name be changed to the Interagency Committee on Support Services to Seniors and that it be mandated to implement support services policy, to develop programs, fiscal procedures, monitoring and accountability measures.

It also recommended three measures which it agreed would serve Manitoba's needs for support services. These are:

1) Direct Service Subsidy. A community providing services such as meals could receive provincial support to offset start up costs, ensure continuity, consistency, and universal access and make services affordable and attractive to seniors.

2) Support Services to Tenants in elderly persons housing units. Not all tenants require support but some do and boards would like to have the mandate and resources to provide help. Required support services do not fall under the provincial Home Care Program as they are not care services, but they must be provided if tenants are to retain their independence.

3) Community Resource Councils. These, developed by community initiative, are to be supported by government through policy options and staff. The councils can provide the framework for a stable, co-ordinated service. They are not intended to replace existing systems but provide opportunities for local initiatives. Delivery of services will not necessarily be one of the functions of the councils.

The plan, which has received Cabinet approval, will involve seniors in planning support services, in payment of nominal fees for most services and in providing direct volunteer service. This is what most seniors want. They prefer to preserve their autonomy and independence by paying for the services they need, provided the services are offered at affordable prices. They also prefer to continue contributing to their communities as volunteers as long as the volunteer responsibilities are realistic.